VOLUME 4, NUMBER 3
SACRAMENTO, CALIFORNIA

July/August1991

For people who are HIV positive and for those who are supportive

POSITIVE SOCIAL SUPPORT NEWSDIGEST

A "BEING ALIVE" PROGRAM

Ten Years into the Epidemic -- Where Are We Going?

by Sonya Cox

When the AIDS epidemic officially began in June 1981, with the diagnosis in Los Angeles of three gay men with a rare form of pneumonia and 26 men in New York with a rare form of cancer, many people were afraid to touch a person with AIDS because no one knew for certain how it was transmitted. So in the beginning years -- while society was ignoring the obvious threat to us all, and in the face of the government's lack of a response to the crisis because, after all, it was only affecting gay people -- it was left to the dying themselves to care for one another.

The never-ending process of educating the public has, over time, taught those willing to listen that AIDS isn't passed on through casual contact. But as the crisis continued, most of those willing to listen were only those who had been directly affected by the devastation and loss that comes with AIDS. And these were the people who took over when the original caregivers on the frontlines began to lose their battle with the disease.

The gay and lesbian community pulled together as never before and slowly, one person at a time -- as more and more of the straight community began to lose friends and family -- an extraordinary, compassionate camaraderie and understanding developed, and continues to grow at its snail's pace, taking us into the future. Gay men are today recognized as the ones who led the fight in the search of wellness. They've changed the ground rules for people who want to make medical decisions about their own bodies; they've stood up to huge pharmaceutical monopolies and insisted that the government make its rules more compassionate; and they've learned, unfortunately -- as the death toll continues to rise -- that healing doesn't necessarily mean surviving in the body.

Many people with AIDS, after they've adjustied to their positive HIV diagnosis, have finally found a comforting, spiritual healing of their souls. They're discovering, finally, that they've not done anything wrong just because they're gay. And they've found that this horrible thing called AIDS is providing a forum not only for learning to be happy with who they are, but also for being a part of the greatest outpouring of love and devotion that this world has ever witnessed.

Forgiveness

One of the important things this new spiritual healing is bringing with it is forgiveness. People with AIDS and HIV are learning to forgive themselves for not heeding the early warnings, to forgive the one who infected them, to forgive themselves for possibly passing it on to yet another.

Most of those with AIDS or HIV disease simply learned, too late -- before anyone knew -- the price of what is now called high-risk sex. "We were so young then; if only we'd known," a close friend now in the final stages of this devastating disease once lamented. But who could have known?

Yet, in the midst of it all, a huge energy is arising from the destruction. More and more people diagnosed with the virus are

But somehow this killer is bringing with it a new meaning to life for many of those touched by it. They're finding that, after being diagnosed as HIV positive, they've had to take a hard look at who they are, what they stand for as a human being, what they want to accomplish over the coming years, and what's going to happen to their spirit if the disease finally wins the battle. They're discovering that the diagnosis, in addition to the fear and anger, opens up a whole new world of unconditional love and compassion. They no longer put off giving a hug or saying "I love you." And many are finding that the years after diagnosis are the most productive, creative, romantic and exciting of their lives.

The significant others in the lives of people with AIDS -- be they partners, co-workers, or friends -- have changed the meaning of the words "community" and "family." Many gays and lesbians have blood relations who don't accept them or their lifestyle. But they have found in their friends a depth of affection and attachment many had once thought to be lost to them. Strangers are becoming the new caretakers and family. And these new loved ones too are finding a deeper meaning to life and afterlife as they've walked step by step with friend after friend along their journey.

But the next decade must bring with it a marked shift in the way AIDS care and prevention is handled. The growing amount of work to be done by city, council, private and volunteer services,

See Epidemic on page 11

In Memory of Joann Ruiz

by Jill Spitz

There are rare occasions in one's life when we are fortunate to meet someone who gives love as a friend, a lover, a caretaker, a professional or just an acquaintance and asks nothing in return but perhaps a thank you or a smile. Joann Ruiz was one of those persons. I have never known anyone to give so much of themselves. I sometimes wondered if Joann had stock in Hallmark as she was always sending cards and letters to people, some of whom she had never met, but people who had read articles about her and were so moved by her story that they started writing. Joann always responded to people.

I first met Joann in December, 1987 when I went to her house to notarize some documents for her.

She was not feeling very well at the time but she gave me a smile and thanked me for coming to her house to witness her signature. After that, I was fortunate to meet her again because we were both Hand to Hand volunteers. We became friends and I can honestly say that after the Goddess made Joann, she broke the mold. There is no one else quite like

See Ruiz on page 12

Joann Marie Ruiz, 42, passed away at home June 3, 1991 of complications related to AIDS. Ms. Ruiz was the first documented healthcare worker in the U.S. to have contracted AIDS from an on-the-job injury. Ms. Ruiz was well known locally and around the country for her public speaking related to AIDS issues.

Ms. Ruiz, a native of San Francisco, was proudly commissioned in 1972 in the Navy Nurse Corps by her father, the late Lt. Cmdr. C.E. Hopgood. After serving 10½ years in the U.S. Navy, Ms. Ruiz continued her nursing career in Fresno and, since 1985, in Sacramento at Kaiser and Mercy General Hospitals. Ms. Ruiz was recognized by all who knew her to be a selflessly dedicated caregiver.

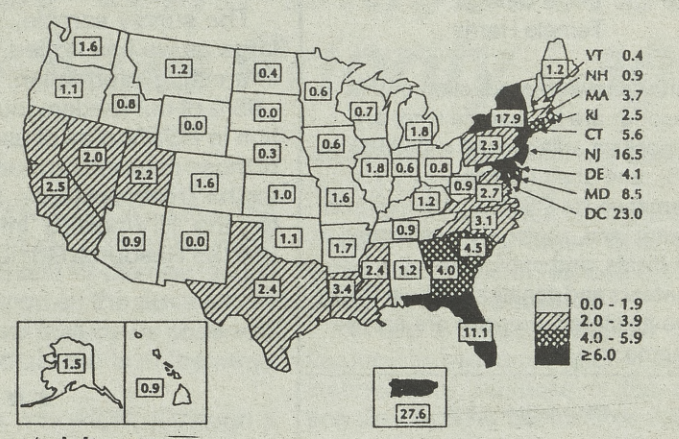
Ms. Ruiz is survived by her beloved companion, Linda Tutor, Tootsie Ruiz and many loving friends.

A memorial service was held June 8 at St. Francis Church in Sacramento.

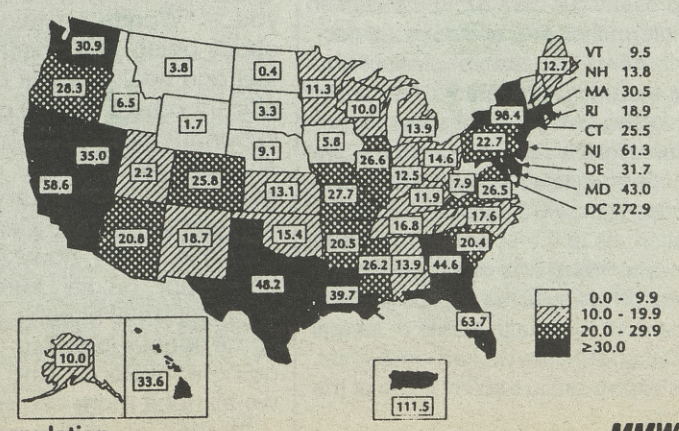
In lieu of flowers, remembrances may be made to Starcross Community, P.O. Box 14279, Santa Rosa, CA 95402.

Rate of reported AIDS cases* among adolescents and adults, by sex and state of residence -- United States, 1990

a. Adolescent/adult women



b. Adolescent/adult men



* Per 100,000 population

-- MMWR

PSSN is published by the Being Alive Program of the Lambda Community Fund, P.O. Box 163654, Sacramento, CA 95816; 916-442-0185. Partial funding is provided by generous grants from the Sacramento County AIDS Unit, the Design Institute for AIDS, and from private donations. *PSSN Newsdigest* is sponsored by and for people who are HIV-positive and those who socially support them.

Editorial Policy:

* The Editors reserve the right to refuse any submitted material for any reason.
* Submitted materials may be edited for length and clarity.
* PSSN reserves the right to refuse sexually explicit ads. Ads will run for three consecutive issues, unless cancellation is requested prior to publication of third issue. All ads must be resubmitted after each three-issue run.
* Editorial policy is subject to change at the discretion of the Editorial Board.

* All efforts toward production of this newsletter are by people who are HIV-positive, diagnosed with ARC or AIDS, and their friends.
* Information for *PSSN* is gathered from national and regional newspapers, periodicals, and publications.
* Volunteers and donations to help *PSSN* serve its stated purpose are always welcome.

Circulation 4,000

From the Co-Editors

PSSN, which was created out of love and caring by Arturo Jackson III and others in 1988 and supported by the Lambda Center, needs your help! Principal funding for *PSSN,* provided through an AIDS Education/Prevent Grant from the Sacramento County Health Department, runs out with the September/October 1991 issue.

The *Positive Social Support Newsdigest* began as a newsletter conceived and produced primarily by Arturo Jackson, Sacramento AIDS activist and writer to "get all information about AIDS treatment out to the people." Reflective for meeting a crucial need for information, this year, 4000 copies of *PSSN* are printed every other month. The publication is distributed throughout Sacramento County by mail and through outlets listed on page 14 of this issue, as well as in Yolo, Placer, El Dorado, Nevada, Yuba, San Joaquin and Fresno Counties.

Early contributors Stan Hadden, Sandy Davis, Stephen Crow and Jim DiStephano enriched *PSSN* with their writing, cartoons, typesetting and perspectives on the medical, political and personal aspects of HIV/AIDS.

Other major contributors have included Marghe Covino, "Commander Condom," Joe Chase, Dr. Elizabeth Harrison and Sonya Cox, "Helena Handbasket," Franklin Kakies, and Ron Rosenblatt.

PSSN costs about $1200 per issue for editing, typesetting and composition, printing and distribution.

Individual contributors as well as sponsors to underwrite an entire issue are needed. All contributions will be recorded and will be returned if *PSSN* is not able to raise sufficient funds.

Your contribution will enable countless numbers of people with HIV/AIDS to continue to receive up-to-date information about current treatments, research and community resources.

(Please fill out and return the contribution coupon on page 15.)

-- The Co-Editors

Thank You, Dr. Harrison!

Sacramento's AIDS community must bid farewell to one of its leaders as Dr. Eliazabeth Harrison leaves California to accept a position in the Midwest.

Dr. Harrison, the Medical Consultant for *PSSN,* was one of the founders of the Sacramento AIDS Foundation and initiated the Hand-to-Hand Project which has matched hundreds of people with HIV/AIDS and providers of emotional and practical support.

She was elected first woman president of the American Association of Physicians for Human Rights (AAPHR) and served in this capacity from July 1988 to August 1989. AAPHR is the largest organization of physicians involved in the direct provision of care for persons with HIV/AIDS and for developing AIDS medical and political policy.

Dr. Harrison has received numerous awards and recognition for her contributions. Among these awards the Jefferson Award for "Outstanding Community Service" and the RCDC Lambda Award for her tireless efforts in response to the AIDS epidemic.

We extend our gratitude for all she has done and our best wishes for her future endeavors.

Readers:

PSSN Has Helped Safer Sex Resolve

From time to time we will ask readers questions to help us assess the usefulness of *PSSN* and determine ways in which we might make it more useful.

The January/April issue contained such a survey, and we thought people might be interested to learn of the results.

The survey sample, although not as large as we had hoped, provided some interesting information.

95% of our readers found the information in *PSSN* to be of use to them. 93% of those responding read the publication for the Treatment News; 90% read *PSSN* for the HIV/politics information; 66% use the Resource Guide, with 49% finding the Guide "somewhat useful," and 39% finding it "very useful."

78% of *PSSN* readers said they discuss alternative health information with their doctors.

Of note is the fact that 71% said they felt reading *PSSN* has helped them increase their resolve to practice safer sex, with 10% reporting that they are no longer sexually active.

The comment most often voiced by the readers was concern that *PSSN* be published at least every two months. Due to changes in editors and support staff, two issues were combined into one (January & April). However, we now have the necessary system in place to assure publication of *PSSN* in a timely manner.

Many readers were generous in their praise, which we all found most heartening. Our goal has been, and continues to be, the publication of a timely and useful resource on the subject of HIV. To that end, we always welcome the participation and input of our readers. Thank you!

Franklin John Kakies
Director, Lambda Community Center
AIDS Response Programs

...So wadda 'ya think?

The new *PSSN* column where we ask you -- "Wadda 'ya think?" About sex, about being HIV-positive, about your diet and health, about clothes and significant others and all of the other 101 important things it might be amusing to share views on. Think of it as sort of a non-electronic computer bulletin board, and you will get the idea.

Please do not, however, think of it as one of our "official" surveys; but rather as an informal sharing of information -- some serious in its intent, and some just outright frivolous. And heaven knows, we all need more outright frivolity!

In each issue, our question man will pose eight or 10 of his most current important questions for *PSSN* readers to answer. If the idea amuses you, clip them out and send or hand deliver your answers to: *PSSN*, c/o Lambda Community Center, 1931 L Street, Sacramento, CA 95814.

10 Important Questions for the Summer 1991

1) How much sun do you expose your self to?
2) Do you exercise regularly?
3) What part of your body would you change if you could?
4) Do you prefer men in: a) Speedos; b) Jams; c) Wet suits; d) None of the above; e) Convertibles.
5) How's your sex-life since your HIV diagnosis?
6) Where do you go to meet people?
7) Are you out of the closet about your HIV status?
8) How do you go about telling a love interest you are HIV+?
9) Did you think to buy a smart pair of beach shoes for the summer?
10) Are you practicing saying the fabulous new affirmation, "I'm having a *wonderful* summer?" at least 10 times a day?
11) In your opinion (we lied about the 10 questions) is there such a thing as "too much fun"?

Conference Focuses on Human Rights Issues

"The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being." -- Preamble to the Constitution of the World Health Organization, 1948

by Franklin John Kakies

If one had to pick a single quote to represent the 4th National AIDS Update Conference, held May 20-22 in San Francisco, the above would be the logical choice.

Many attending the conference were struck by the realization that the Plenary speakers, the workshop facilitators, and the vast majority of conference participants all seemed to speak with one voice. Quite clearly, this voice called for a revolutionary approach to healthcare, with AIDS as part of the larger ongoing issue of making quality health care available for all people.

Over and over, emphasis was placed on the catastrophic failure of healthcare and human service systems in this country. The attendant injunction was that we must continue to build coalitions for health, not just for AIDS, and that our efforts must serve as a catalyst for a revolution on healthcare based on rights, not privilege.

Concurrent with the discussion of such topics as Treatment, Case Management, Education and Prevention, and Policy and Administration, conference participants were continually encouraged to raise their vision beyond the immediate problems, and examine the critical linkages between human rights and public health.

As Johnathan Mann of the Harvard School of Public Health so brilliantly opined in his opening remarks to the conference, clearly, equal access to health education and social and human services is a human rights issue. Indeed, the AIDS pandemic highlights many of the basic inequalities in our society: between rich and poor (both individuals and countries); the unacceptable in equalities afforded gay men, and communities of color, and I.V. drug users; and perhaps most strikingly, the basic inequality of women, especially as regards health issues.

For those involved in the battle against AIDS -- service providers, activists, and affected communities alike -- the concept of the "Global Village" has taken on a renewed meaning. With perhaps 10 million of our brothers and sisters (one million, plus, in the USA alone) under particular and almost certain sentence of death, we as a species need to confront our inadequate and oft-times unthinking response to what is, given the high mortality and remarkable invasiveness of HIV, clearly the most deadly human virus known.

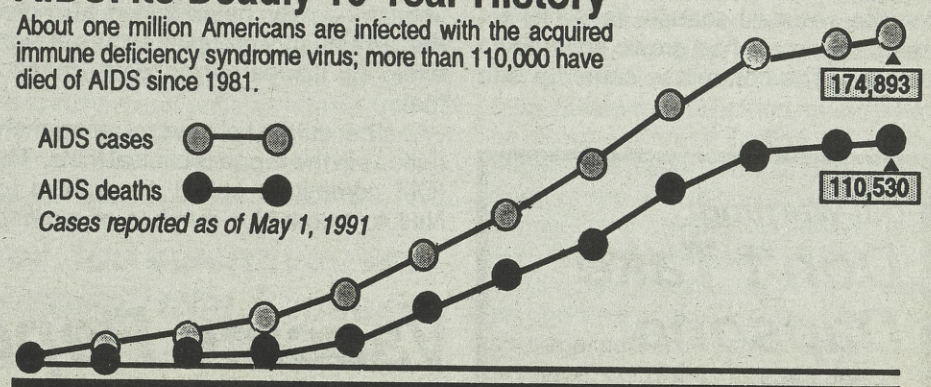
In his address to the conference, "The Virus or the People: Whose Side Are We On?", Donald Francis from the Centers for Disease Control said: "Strong leadership which espouses sound policy is an absolute foundation on which to base all AIDS Prevention programs." He went on to say, "Unfortunately for Americans, the HIV epidemic emerged at a time in the history of the United States when upper level executive leadership on issues like AIDS was less than absent."

Although such a national or international conference is a sobering experience in one sense, it is also a source of inspiration, providing us with shining examples of extraordinary perception and dedication, and reminding us of the larger issues, which we ignore at our peril. such a gathering also serves as a rallying point, and reminds us, 10 years into the epidemic, that has changed our world forever, that we need to renew our sense of urgency and fight back with all of our might.

June Osborne, Chair of the National Commission on AIDS, suggested that it is a false image that people are getting tired of the fight, and observed that what she sees is people actually becoming more inspired. If the combined energy and determination of the participants at the 4th National AIDS Update Conference are any gauge, our ultimate victory against this virus is assured.

AIDS: Its Deadly 10-Year History

About one million Americans are infected with the acquired immune deficiency syndrome virus; more than 110,000 have died of AIDS since 1981.

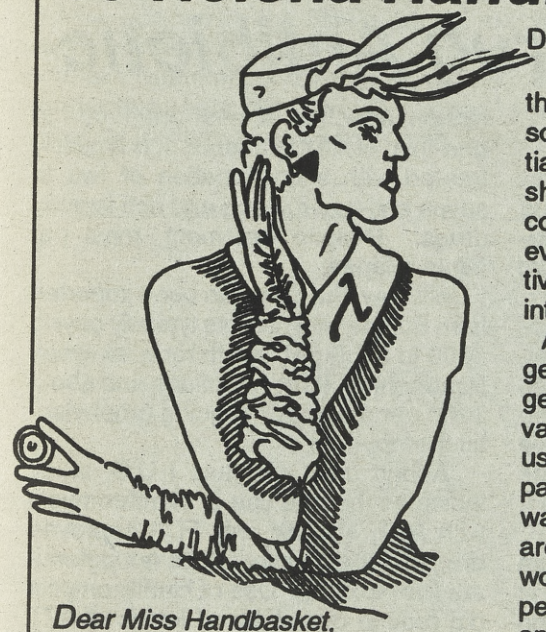


- **1981** June 5: Centers for Disease Control report first cases
- **1982** Disease is named AIDS; Congress allocates $5.6 million for research
- **1984** Scientists isolate human immunodeficiency virus (HIV), believed to cause AIDS
- **1985** Screening of blood banks for HIV begins
- **1986** Surgeon general urges AIDS education, condom use
- **1987** AZT approved as first AIDS drug; Congress adds HIV to list of diseases that bar people from entering U.S.
- **1988** Federal AIDS funding doubles to almost $1 billion.
- **1990** Congress acts to prevent discrimination against people with AIDS
- **1991** White House delays decision to allow people with HIV to enter U.S.

Source: Gay Men's Health Crisis, AIDS Action Council

Knight-Ridder Tribune News

For Good Advice, Go To Helena Handbasket ...



Dear Miss Handbasket,

I've never used the personal ads to meet anyone, but I'd like to give them a try. Any suggestions? I'm 21 years old and haven't had much experience. -- C.W.

Dear C.W.

First of all, realize that people use the personal ads for all sorts of reasons: to make friends, to meet potential lovers, to find sex partner, out of sheer boredom -- or (often) some combination thereof. However, not everyone is up front about their motives, and that is where you can run into problems.

As a general rule, Miss Helena suggests the following: it is friendly and generous to accept people at face value when you meet them, but do use your faculties of observation, and pay attention if they start behaving in ways that are at odds with who they are telling you they are. In other words, cultivate that inner voice some people call "intuition"; learn to trust it, and listen to it.

You say that you haven't had much experience, but you don't mention what kind of experience you are looking for.

See Helena on page 7

Doctor Who Discovered AIDS Says Priority Lags

by Lee Siegel

WEST HOLLYWOOD, CA - AP -- The physician who made history 10 years ago when the Centers for Disease Control published his report on the discovery of a mysterious new malady he observed in five homosexual men is in the news again.

The disease was AIDS, although it hadn't been named when Dr. Michael Gottlieb's brief technical paper was printed in a CDC newsletter on June 5, 1981.

The World Health Organization now estimates AIDS will infect up to 40 million people by the year 2000. Nearly 110,000 Americans already have died.

Gottlieb was the first West Coast doctor to test the anti-AIDS drug AZT. He spent the 1980s treating AIDS patients and writing 70 AIDS research papers.

The physician treated dying actor Rock Hudson and many other AIDS patients and co-founded an AIDS research group with Elizabeth Taylor.

After a decade of death and despair, society still refuses to do enough to combat the AIDS epidemic, Gottlieb said during a recent interview.

"Where is acknowledgment from President Bush or others at high levels of the importance of AIDS as a domestic policy issue?" he asked.

"There is a vacuum in our national leadership because AIDS is politically inconvenient, because of the perception that if you're out front on AIDS you sympathize with homosexual lifestyle or drug-abuse lifestyle."

Many people view AIDS, "as one of those insoluble social problems, right up there with homelessness, hunger and drug abuse," the 43-year-old physician said. "But it was and is eminently solvable. There are still opportunities being overlooked to curb the spread of this virus."

Far too little is being done to prevent the spread of AIDS by sexual inter-

Continued on page 15

IOM Review Aims to Streamline AIDS Research

by Rebecca Voelker

The head of AIDS research at the National Institutes of Health (NIH) has endorsed a new report that urges NIH to strengthen its management and develop a five-year plan to battle the epidemic.

The Institute of Medicine (IOM), indicates NIH is taking the "correct path" in its pursuit of research and development of clinical trials.

AN IOM committee began work on the report in October 1989. NIH had asked for the review because its AIDS research program had grown so large so quickly. The committee came up with more than 40 recommendations for improvement.

A number of the recommendations concern vaccine development. The report asks NIH to expand vaccine research programs and create an advisory group of outside scientists to coordinate diverse research directions. It also suggests that NIH start now on plans to approach Phase 3 efficacy trials.

Of 13 vaccine trials being conducted worldwide, six are NIH-sponsored.

Those trials are studying safety and immunogenicity, he explained, but noted that an advisory group already is at work exploring issues surrounding Phase 3 trials.

Another subject of several recommendations in the report is clinical trials. The IOM committee called it essential for NIH to boost the number of women, children, minorities and intravenous drug users participating in clinical trials.

One major recommendation, however, is out of the hands of either IOM or NIH. The report recommended a 25% increase in NIH's budget for AIDS research if it is to ensure support of basic research and underdeveloped areas of research.

AIDS currently captures about 10% of NIH's total budget, or $850 million a year. There is little optimism that Congress or the Bush Administration will funnel more money to NIH's AIDS effort.

During the next five years, the direction of AIDS research at NIH will be driven by the status of vaccine candidates, drug development and the potential for large, combined clinical trials and new findings about how the disease progresses during its early stages.

In other areas, the IOM recommended:

- The AIDS Clinical Trials Group specify a time period in which trial results must be published in a peer-reviewed journal following the completion of trials or protocol changes.
- NIH should develop and support screening tests to identify agents with different anti-HIV mechanisms because such studies aren't likely to be conducted by industry.
- NIH's AIDS programs should increase its support of basic behavioral research to assist efforts aimed at developing health education interventions for the prevention of AIDS.
- Increased support for nursing research on the care of HIV-infected people.

-- American Medical News

ddI Warning: Don't Take Dapsone at the Same Time

The U.S. Division of AIDS has issued a warning to physicians that patients using ddI and also using dapsone, a drug for pneumocystis prophylaxis, should not take the drugs within two hours of each other. The problem is that dapsone requires an acid environment in order to be dissolved; but ddI cannot tolerate an acid environment, so it is taken with a buffer to neutralize stomach acidity. The lack of acidity causes the dapsone not to be absorbed.

Jacobus Pharmaceutical Company, the manufacturer of dapsone, brought the problem to the attention of the Division of AIDS after several cases of pneumocystis were found in patients who were taking both drugs. At least 11 cases of pneumocystis were found in patients who were taking both drugs. At least 11 cases of pneumocystis have occurred within 10 to 130 days after starting therapy with the two drugs together.

This problem could also affect other drugs which require an acid stomach – for example, ketoconazole.

The memo also says that if patients cannot take dapsone at least two hours before ddI, they should wait until two hours after.

Vaccine Reportedly Halts AIDS Damage

BOSTON -- A genetically engineered vaccine appears to at least temporarily halt the AIDS virus' relentless destruction. Scientists say it's a promising new tactic for controlling the lethal disease.

The vaccine, described in a report published in a recent *New England Journal of Medicine*, is intended for people already infected with HIV, the AIDS virus. It appears to work by prompting bodies to create new weapons against the virus.

Levels of the white blood cells, known as T-cells, that ordinarily are killed by the virus have remained stable during more than two years of treatment in some people receiving the experimental vaccine.

"I think it's very promising, particularly in terms of teaching us how the human body's immune system controls HIV," said Dr. Robert R. Redfield, a researcher at Walter Reed Army Institute of Research in Rockville, Md. He directed testing of the vaccine on 30 infected volunteers and wrote about it for the medical journal.

If it actually helps people live longer, it will represent an entirely new way of fighting chronic infections.

Until now, vaccines have been used exclusively to help people ward off infections. But in the new approach, doctors are using a vaccine to beef up the body's virus-fighting powers after an infection already is established.

While it is still too soon to know whether the vaccine ultimately will help people live longer, the vaccine does appear to protect the cells that are the natural targets of the AIDS virus. Over 10 months, levels of these cells remained stable in the 19 people who initially responded to the vaccine, while they fell 7% in those who failed to respond.

Meanwhile, a study released today by the federal Centers for Disease Control says the number of AIDS cases among U.S. women is soaring, suggesting to epidemiologists that the disease will continue its relentless spread in this country.

"In Africa, AIDS is a heterosexually transmitted disease, and the trend suggests that that may be what's happening here," said Tedd V. Ellerbrock, a medical epidemiologist with the CDC and an author of the study.

A third of U.S. women who have the disease contracted it through sex with men, the study found.

That means that more people not previously at risk will be infected, said Margaret Oxtoby, another CDC co-author. Some infected women, she said, do not realize that their partners were bisexual or intravenous drug users.

-- Bee News Services

AFFIRMATION

I BREATHE IN RELAXATION AND I BREATHE OUT ALL THE TENSION.

Abbott Seeks Release of New AIDS Drug Antibiotic

by Sari Staver

SAN FRANCISCO -- Abbott Laboratories has asked the Food and Drug Administration for permission to distribute a drug to treat *Mycobacterium avium* complex infection.

If the FDA gives its expected approval, clarithromycin could be available within months. A compassionate plea program would offer the drug free to HIV-positive individuals who have confirmed MAC blood cultures and who are not candidates for ongoing Phase II clinical trials.

Clarithromycin is a broad spectrum macrolide antibiotic approved for use in 20 countries to treat respiratory, skin and gastrointestinal infections. In 1989, Abbott filed a new drug application with the FDA for permission to market the drug for these applications, but not for use in MAC infection.

MAC causes a common systemic infection, affecting at least one-fourth to one-third of AIDS patients. It is typically treated with a combination of two to seven anti-tuberculosis and anti-leprosy drugs. Despite treatment, most patients relapse.

Until now, the drug has been imported from Europe with patients typically paying $600 to $750 per month for a six-week treatment of acute infections and about $200 per month for ongoing prophylactic therapy.

Abbott says a Phase I U.S. study indicates that the use of clarithromycin with AZT, still the only FDA-approved drug for HIV infection, does not potentiate liver toxicity. Use of clarithromycin did reduce overall blood levels of AZT (zidovudine), but the therapeutic significance of this reduction is unknown.

-- American Medical News

ddC/ddI Approval Process Debated

by John S. James

Much AIDS news today concerns the campaign for a rapid FDA evaluation of the experimental AIDS antivirals ddC and ddI. The decisions now being made will affect not only these drugs, but all critically important AIDS antivirals in the future; they will determine whether any future AIDS treatment, no matter how well it may work, could possibly travel the development and regulatory pipeline without many months or years of medically unnecessary delay. We are now seeing the beginnings of major changes; but at the same time there is widespread confusion, and sometimes chaotic miscommunication.

The meaning of the current controversies cannot be understood without background on the situation which now exists, and how it developed.

Background: The Problem

Neither ddC or ddI are new; both could have been developed and approved at about the same time as AZT. ddC was delayed because of early toxicity; it was not known until later that the right dose was about 200 times less than the dose of AZT or ddI. As for ddI, it was well into human trials two years ago -- and the subject of a loud and sometimes bitter public dispute between Ellen Cooper, M.D., chief of the FDA's Division of Antiviral Drug and Products, and Samuel Broder, M.D., director of the U.S. National Cancer Institute; the occasion was the first hearing of the Lasagna Committee, which issued its report on approval of new drugs for cancer and AIDS on August 15, 1990 (for background on this report, see *AIDS Treatment News #110, September 7, 1990*). The dispute, an advance echo of what is happening today, concerned the FDA's refusal to approve the NCI's plan to begin testing ddI as a treatment of children with AIDS under two years old; the U.S. National Cancer Institute was ready to start this ddI trial two years ago, but apparently the FDA wanted tests on adults to be finished before the tests with children began (for detailed newspaper coverage of the ddI dispute see *"Cancer institute: AIDS drugs unduly delayed,"* by Michael L. Millenson, *Chicago Tribune, January 5, 1989,* and *"The battle over FDA drug policy; the pressure is on to speed new AIDS and cancer drugs through the agency's slow approval process,"* by Laurie Garrett, *Newsday, February 14, 1989*).

Two years later, one activist spoke of the spreading "ripple of terror that the trials [running now for ddI and ddC] are not what should have been designed."

...in a test for equivalence, the incentives are for researchers to run a sloppy trial, because failure to find a difference means success...

It seems that nobody thought through how the information to be generated by these trials -- scheduled to run for about 18 months more -- would be used to support drug approval. One effect of this lack of planning is that AZT, the first AIDS antiviral to reach FDA approval, shut the door behind it, keeping all rivals out. This happened despite the clear need for new therapies -- shown most compellingly by epidemiological data suggesting that AZT has extended average survival after AIDS diagnosis by no more than several months. (This survival data includes patients not receiving AZT because of drug intolerance or other reasons; the benefit of AZT for those who do use it might be greater)

Much of the reason for the current complexity, confusion, and miscommunication stirred up by the push for early evaluation of ddC and ddI is the need to retrofit to cover for mistakes of the past. These mistakes occurred because of lack of higher-level oversight and planning in the AIDS research process. Key positions have long been vacant, or filled with people unwilling to deal effectively with AIDS.

One of the problems in the current development of ddC and ddI is the lack of definition of what the trials are trying to prove. Normally, the goal would be to prove efficacy (i.e., that the drug works better than no treatment) for some group of patients. It should not be necessary to prove that the new drug is better than standard therapy -- or even equal to it, because many patients cannot use the standard therapy, and because combination treatment using both the new and standard treatment is highly promising.

But since it would be unethical to run a placebo trial, ddC and ddI are being compared to AZT instead. Statistical efforts were made to use the old AZT-vs.-placebo trials of four years ago to allow ddC and ddI to be mathematically compared with a placebo, even though no real placebo is being used in the current trial. This desperate attempt to forge a case for approval out of ill-designed trials seems to have led to some of the recent controversy.

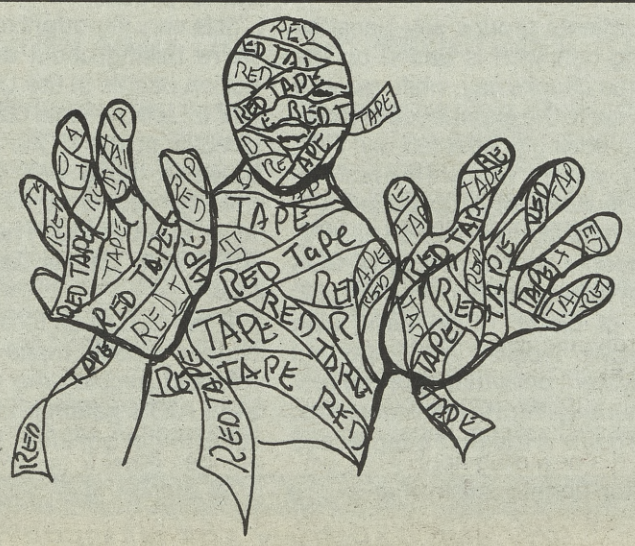
If the new drugs must be compared to AZT, then the next question is whether they must be proved superior, or only equivalent, to merit FDA approval. Equivalence, of course, would be the standard preferred. But there are statistical complications in proving equivalence. For example, in a trial to test whether one drug is better than another, the incentives are for researchers to run a tight, clean study, so that if there is a difference, it will be found. But in a test for equivalence, the incentives are for researchers to run a sloppy trial, because failure to find a difference means success. For this and other reasons, there is confusion now over whether proof of equivalence will be enough for approval of ddC and ddI, or whether proof of superiority will be required.

There are other problems with the current ddC and ddI trials, and with the regulatory process. One concern is that companies do not usually submit their data to the FDA until their NDA (New Drug Application) is finished; the FDA prefers to get the data all together, in order to save staff time. But an NDA is a large document, typically consisting of many volumes of paperwork. Anyone familiar with the influence of corporate and organizational cultures would expect that any time one organization generates such a document and passes it to another for evaluation, many points of disagreement or friction will almost certainly be found. Without inside knowledge of the operations at the FDA, we cannot know whether this potential problem does or does not in fact cause serious, avoidable delays (If it does, procedures could be changed to encourage earlier collaboration for NDA review of critically important drugs).

Two years ago, NCI's Dr. Samuel Broder saw that no new AIDS antivirals would be approved unless procedures were changed. "If we have to compare every drug to AZT, with death as the endpoint of a trial, we're going to be in a situation where it will be very difficult to get any other antiretroviral approved for AIDS. It took us two years to get AZT out -- how long do you think the next one will take? Five years, 10 years? That's unacceptable!" (Quoted in *Newsday* article cited above; the comments were addressed to Dr. Ellen Cooper of the FDA. The context of the discussion was ddI. Dr. Cooper replied with the question, "Why don't you want to see a year's research in clinical trials on an antiretroviral before approval?")

Two years later, the trials of ddC and ddI still have months or years to run -- and as we pointed out above, they are not well focused on the important questions. This is the context of the growing movement to ask FDA to call in the existing data now, look at all that is known about these drugs, and approve them if there is "substantial evidence" that they work.

-- Reprinted from AIDS Treatment News, published twice monthly by John S. Jones, Box 411256, San Francisco, CA 94141, (415) 255-0588.



"But I'm here to give health care!"

AFFIRMATION

I AM POWERFUL, BEAUTIFUL, AND CREATIVE, AND I CAN HANDLE IT.

AFFIRMATION

EVERYTHING THAT CREATED DIS-EASE WITHIN ME IS RELEASED.I LET GO OF WORN OUT IDEAS, WORN OUT RELATIONSHIPS AND WORN OUT CONCEPTS.

Editorial

What It Means to Be a Real Man in the Age of AIDS

by Michael S. Kimmel
and Martin P. Levine
Los Angeles Times

Michael S. Kimmel and Martin P.Levine are sociologists at State University of New York at Stony Brook and Florida Atlantic University, respectively.

As the AIDS epidemic begins its second decade, it is time to face some unpleasant realities: AIDS is the No. 1 health problem for men in the United States; it is the leading cause of death of men age 33 to 45; it has killed more American men than were lost in the Vietnam War.

No other disease that was not biologically sex-linked (like hemophilia) has ever been so associated with one gender. And yet virtually no one talks about AIDS as a men's disease. Americans generally think of it as a "gay disease," or a "drug addict" disease; some people even refuse to see it as a disease, arguing that it is "divine retribution for "deviant behavior."

This dehumanizing has a lot to do with the fact that compassion and support for AIDS patients continue to be in relatively short supply among Americans. Perhaps by looking at AIDS as a "men's disease" we can put it in a more human perspective.

In our society, the capacity for high-risk behavior is a prominent measure of masculinity. Men get AIDS by engaging in specific high-risk behaviors, activities that ignore potential health risks for more immediate pleasures.

As sociologists have long understood, stigmatized gender often leads to exaggerated forms of gender-specific behavior. Thus, those whose masculinity is least secure are precisely those most likely to follow hyper-masculine behavioral codes as well as hold fast to traditional definitions of masculinity. In social-science research, hyper-masculinity as a compensation for stigmatized gender identity has been used to explain the propensity for authoritarianism and racism, homophobia, anti-Semitism, juvenile crime and gang activities.

Gay men and IV-drug users can be seen in that light, although for different reasons. The traditional view of gay men is that they are not "real men." Most of the stereotypes revolve around effeminacy, weakness, passivity. But after the Stonewall riots in 1969, in which gay men fought back against the police raiding a gay bar, and the subsequent birth of the Gay Liberation Movement, a new gay masculinity emerged in major cities. The "clone," as he was called, dressed in hyper-masculine garb (flannel shirts, blue jeans), with short hair (not at all androgynous) and mustache; he was athletic, highly muscular. In short, the clone looked more like a "real man" than most straight men.

And the clones, who composed roughly one-third of all gay men living in the major urban gay enclaves in the mid-1970s, enacted a hyper-masculine sexuality in steamy back rooms, bars and bathhouses where sex was plentiful, anonymous and very hot. No unnecessary foreplay, romance or post-coital awkwardness. Sex without attachment.

One might say that, given the norms of masculinity (men are always supposed to want sex, seek sex and be ready for sex), for a time, gay men were the only men in our culture who were getting as much sex as they wanted.

Predictably, high levels of sexual activity led to high levels of sexually transmitted diseases among clones. But no one could have predicted AIDS.

Among IV-drug users, we see a different pattern, but with some similar outcomes when seen from a gender perspective. The majority of IV-drug users are African-American and Latino, two groups for whom the traditional avenues of successful manhood are blocked by poverty and racism. More than half of black men between 18 and 25 in our cities are unemployed, which means they are structurally prevented from demonstrating masculinity as breadwinners.

The drug culture offers alternatives: Dealing drugs can provide an income to support a family as well as the opportunity for manly risk and adventure. The community of drug users can confirm gender identity; the sharing of needles is a demonstration of that solidarity. And the ever-present risk of death by overdose takes hyper-masculine bravado to the limit.

By now, most men have heard about "safer sex," the best way (short of abstinence) to reduce one's risk for contracting AIDS by sexual contact: have fewer partners, avoid certain practices, use condoms, take the responsibility for safe behavior. In short, safer-sex programs encourage men to stop having sex like men. To men, you see, "safe sex" is an oxymoron: That which is sexy is not safe; that which is safe is not sexy. Sex is about danger, risk, excitement; safety is about comfort, softness, security.

Seen in this way, it is not surprising to find in some research that one-fourth of urban gay men report that they have not changed their unsafe sexual behaviors. What is astonishing is that slightly more than three-fourths have changed, are practicing safer sex.

What heterosexual men could learn from the gay community's response to AIDS is how to eroticize responsibility, which is something that women have been trying to teach men for decades. And straight men also could learn a thing or two about caring for one another in illness and supporting one another in grief, and maintaining a resilience in the face of a devastating disease and the callous indifference of society.

In short, we must enlarge the definition of what it means to be a real man.

Meanwhile, AIDS is spreading, and every day there are more men who need our compassion and support. They did not contract this disease intentionally; they do not deserve blame. We must stand with them because they are our brothers. We are linked to them not through sexual orientation (although we may be) or by drug-related behavior (although we may be), but by our gender, by our masculinity.

They are not "perverts" or "deviants" who have strayed from the norms of masculinity. They are, if anything, over-conformists to destructive norms of male behavior. Like all real men, they have taken risks. And until daring has been eliminated from the rhetoric of masculinity, men will die as a result of risk-taking. In war. In sex. In driving fast and drunk. In shooting drugs and sharing needles.

Men with AIDS are real men, and when one dies, a bit of all men dies as well. Until we change what it means to be a real man, every man will die a little bit every day.

-- *Sacramento Bee*

AIDS Cases Expected to Soar

by Sonya Cox
MGW HIV Editor

Within the next two years, it's now predicted that the number of Californians with full-blown AIDS will more than double all those diagnosed over the past 10 years. Since 1981, there have been 34,000 cases in California. It's expected there will be 69,000 cases diagnosed within the next two years, and that most don't know because they haven't been tested. It's expected that worldwide 40 million people will become HIV positive within the next nine years. In Sacramento, 632 cases of AIDS have resulted in 430 deaths since 1981. It's estimated that as many as 5-7,000 or more Sacramentans may be HIV positive, with only about 1,000 receiving treatment. (Get tested! Start managing this illness; learn how to stay healthy and not spread it to others!)

CDC May Broaden Definition of AIDS

WASHINGTON -- Officials of the Centers for Disease Control in June said they are seriously considering changing the way they define AIDS, a move that could double the number of HIV-infected Americans officially classified as suffering from the disease.

Because AIDS causes a general devastation of the immune system it is marked not by one symptom but by dozens of infections, cancers and other conditions. The proposed change, which comes at the suggestion of the Conference of State and Territorial Epidemiologists, would broaden the official classification of AIDS to encompass thousands of people who have none of the conditions included in the current 14-page government definition.

That definition has been criticized by AIDS activists, who charge it masks the true extent of the epidemic. Under the current definition, the number of living AIDS patients in the United States is about 60,000. However, a total of one million Americans may be infected with the virus for acquired immune deficiency syndrome.

Some patients groups say because the existing definition is based on the way the virus attacks gay, white males it is not relevant to the experience of those groups increasingly affected by HIV, particularly women, who are the fastest-growing population of AIDS patients.

The new definition would add all HIV-infected people whose counts of CD4 cells are at or below 200 cells per cubic millimeter of blood. CD4 cells, also called helper T-cells, are important immune system cells that spur the rest of the immune system to fight infections. A low CD4 count is a sign of a depressed immune system. A healthy person has about 1,000 CD4 cells, while a person with end-stage AIDS could have no more than a dozen.

"It is very important to understand that we're talking about an estimated one million people in the United States with HIV infection," said Gary Noble, deputy director of the CDC. "The distinction between those with no symptoms, or mild symptoms, or more severe symptoms is arbitrary. The classification of AIDS was and is an epidemiological tool."

If the CDC was to broaden its classification it could make it easier for HIV-infected people who were not considered AIDS patients under the existing rules to get benefits.

AFFIRMATION

JOY AND HARMONY ARE MANIFESTED IN ME AND IN MY WORLD.

Personal Persective

Life With Dignity...

by Charles Garcia
Health Instructor
Yuba City High School

(Charles Garcia spearheaded the drive to get an AIDS curriculum adopted for use in the Yuba City-Marysville schools. He and his wife, Pat, have crusaded for the rights of persons with HIV/AIDS for the past several years. the following is a recounting of their first personal involvement with a person with HIV/AIDS.)

On Friday, October 19, 1990, while working in my office at Yuba City High School, I received a phone call that would add another dimension to my efforts as an AIDS educator. The call was from a very concerned mother whose son has AIDS. The son is 38, and his mother is his primary caregiver.

She informed me that he was going through a divorce and they needed the latest information on AIDS to share with his attorney and the judge involved in the case.

She and I arranged to meet the following Monday afternoon at my house. She informed me that she would be bringing her son. My wife (Pat) and I met with them and had an enjoyable time.

I was able to share various Red Cross publications, AIDS articles and most important of all, the "Self- Help Manual" published by the Sacramento AIDS Foundation. She was able to share some of the information with her son's attorney. She got a lot of beneficial information from the "Self-Help Manual," for her own use.

In the meantime, Pat and I have been able to give them physical and emotional support. The following are some of the types of support that we have been able to provide.

1) Prescriptions: Sometimes they cannot afford the time to pick up prescriptions so I get them for her.

2) Grocery shopping: Because he needs lots of fluids to stay hydrated, either Pat or I will pick up juices, Gatorade, etc. For major shopping, one of us will stay with him while his mother goes to the store. We belong to the Price Club so sometimes we are able to buy a few necessities for a lot less money.

3) Hospital: He has been hospitalized once since October. Pat was able to help take him to the hospital and she helped take him home.

4) Meals: Sometimes we have picked up take-out orders from local restaurants and on a few occasions Pat has cooked some special dishes for them. I even made some Mexican salsa (is there any other kind?) which he literally devoured with corn chips. We have discovered that variety seems to stimulate his appetite.

He is currently fighting MAI infection. He was recently referred to UC Davis Medical Center where he has been placed on ddC for his HIV infection. He has also been placed on a daily infusion of Amikacin via a Picc catheter for his MAI. He has been seen several times at the UC Davis Medical Center. Pat and I have been able to share the duties of transporting him and his mother to the hospital. He is almost totally bedridden and has difficulty getting in and out of his wheelchair, etc.

5) Odds-n-ends: One achievement I am proudest of is the special ramp I built so he can be wheeled in and out of his apartment easier. The ramp also helps traverse the parking lot curb. The ramp is very simple, one piece of ½" plywood fastened to the edge of a 2x4 with another smaller piece of ½" plywood fastened to the underside for additional rigidity.

I also installed a showerhead with a hose extension so he can have a shampoo while seated in the tub. He has a very bad case of psoriasis of the scalp and the shampoos really help him feel better.

We maintain daily phone contact with his mother and try to visit them three to five times a week. His appetite has improved. He is not spiking fevers as often. When he is feeling well, he has a wonderful sense of humor. They have become so very special we feel happy and honored to be able to help and support them.

In memory of Grayson, another person with AIDS, died May 17, 1991, age 38, cause of death probably MAI.

We knew Grayson and his mother, Elaine for a little over seven months. In those few months we formed a bond that will be a part of us for the rest of our lives.

Elaine was Grayson's primary caregiver. She worked 24 hours a day taking care of Grayson, making sure he received proper nutrition, giving him the proper medication on time, changing his bed clothes and bedsheets when they were soaked through because of nightsweats, and trying to medicate the persistent cough that kept them both from getting a decent night's sleep. Elaine is a wonderful example of a loving and compassionate parent.

On April 10, 1991, Grayson's doctors said that everything that could be done had been done. They gave him six weeks to live. I cried that night because I knew we were going to lose him. Instead of trying to help him survive, I had to think and work toward making his final days as comfortable as possible.

Pat and I were with Elaine the night Grayson died. With the aid of morphine and an I.V., Grayson died peacefully and with dignity.

We will miss you Grayson.

Addendum: The subject of this article passed away on May 17, 1991.

With love, your friends
Charles and Pat Garcia

New Anti-PCP Drug Safe and Effective, Early Trials Shows

A new drug for treatment of *Pneumocystis carinii* pneumonia (PCP) is highly effective and amazingly well tolerated, early Phase I/II clinical trials indicate.

More than 75 percent of AIDS patients eventually develop PCP. Nearly always fatal when untreated, the two standard anti-PCP therapies -- trimethoprim-sulfamethoxazole (TMP/SMX) or pentamidine isethionate -- reduce mortality to about 25 percent of cases. However, neither of these two regimens completely eradicates the causative organism; the disease recurs in more than half of treated patients unless they are given chemoprophylaxis (aerosolized pentamidine or, more recently, low-dose intermittent TMP/SMX).

Burroughs Wellcome Co. has developed a novel hydroxynaphthoquinone compound dubbed 566C80 that has broad-spectrum antiprotozoal activity.

A Phase I clinical trial showed 566C80 to be well tolerated in individuals with HIV infection at doses up to 3000 mg for 12 days. The only drug-associated toxicity seen in this trial was a maculopapular rash that resolved without discontinuation of treatment.

U.S. National Institute of Health (NIH) researcher J. Falloon and colleagues reported at the June annual meeting of the American Federation for Clinical Research that they had completed a small-scale trial of 566C80 in the treatment of AIDS-associated PCP.

-- CDC AIDS Weekly

AIDS is Changing Drug Development Process

Traditionally, the development of new treatments or drugs is a long process that could take years. With the great need for AIDS therapies, the rules are changing and the pace of research is accelerating. Scientists are working to streamline all phases of clinical testing so that patients can have the newest, most effective treatments as soon as possible.

A new treatment goes through three phases of testing. Phase I clinical trials test the safety, Phase II trials test the efficacy, and Phase III trials compare the new treatment with standard treatment in a large number of patients. In the past, clinical trials were designed to be formal and rigid. During the past few years, trials for AIDS treatments have been conducted differently. The changes have been promoted by patients and clinical investigators in the AIDS Clinical Trials Group (ACTG), which is sponsored by the National Institute of Allergy and Infectious Diseases.

Patient and community advocate expectations have also affected the Food and Drug Administration (FDA), the agency which regulates drug evaluation. The FDA now reviews AIDS drug more rapidly and permits more widespread distribution of promising drugs earlier in the evaluation process.

Helena

Continued from page 3

If you want more sexual experience, there are ads that clearly offer that opportunity. By the same token, if you are looking for a relationship, you would seem to have a lot of company, judging from many of the ads one reads.

Additionally, Miss H. suggests approaching the entire process with a sense of humor. There are some odd birds out there, and you are bound to run into a few when you cruise the personals. Some people will call you at three in the morning; some people will send you photographs of certain portions of their anatomy; and (perhaps most commonly) some people will make a date with you and just not show up, or else never call you after the first meeting. My considered advice is to take none of this personally. Keep your own counsel, and if you meet someone who is looking for the same thing you are, and you both hit it off, then your effort has been well spent. And if you don't -- well, just chalk it up to trial and error, and acknowledge yourself for having taken the risk.

Some advice regarding sex: Don't let someone rush you into bed if that's not what you want. And if you do opt for bed, remember to be clear about your limits, as that will help you keep your commitment to safer sex (see my column in the *May/June PSSN*). I believe it is also helpful to cultivate a taste for long walks (on or off the beach), romantic dinners, and movies, as these seem to be the staples of many personal ads.

I hope my suggestions are of help to you. Happy hunting, and GOOD LUCK!

Ever yours,
(Miss) Helena Handbasket

P.S. If you find out what "straight acting" means, please DO let me know.

RESOURCE

Support Groups

Antibody Positive Support Group
Membership: People who are HIV+, have ARC or AIDS, male & female, straight & gay.
Contact: Donna Robertson 916/448-2437
Fee: None
Time: 1st & 3rd Wed., 7:30-9 p.m.
Place: Sierra II, 2791 24th St.
Purpose: Emotional Support

Dealing with Loss & Grief
Lecture/discussion by Mark Robinson
Registration: 973-6833
Time: July 22 2-4 p.m.; July 23 6-8 p.m.; Sept. 26 6-8 p.m.; Nov. 26 6-8 p.m.
Place: Kaiser Hospital

HIV+ Emotional Support Group
Facilitators: John Linder, Will Green
Place: Buhler Building, 2800 L Street, classroom #1
Time: 1st & 3rd Wed.

The Positive Group
Membership: HIV+ substance abusers & their significant others.
Contact: Brian or Joel, The Effort, 916/444-6294
Fee: none
Time: Thurs., 1:30-3:30 p.m.
Place: 1820 J Street
Purpose: Education & emotional support

AIDS/ARC/HIV+ North Hall AA Group
Open to everyone with a desire to stop drinking.
Time: Sun., 4 p.m.
Place: MCC, 2741 34th Street near Broadway

Brother to Brother
Membership: Gay African-American HIV+ mens support group. Dealing with HIV, ARC or AIDS? Tired of not being counted?
Contact: Joe Hawkins, Project Survival, 916/454-0516
Fee: none
Time: Mon., 7 p.m.
Place: Call for location
Purpose: Emotional & social support. Strictly confidential

Grupo Para Latinos
Infectados y afectados con la virus HIV, Latinos de Habla Hispana o Bilingues-Facilitado por Patricia Osuna, LCSW.
Contact: 916/448-2437
Fee: none
Tiempo a las 6 p.m.
Lugan: SAF, 1900 K Street, #200

MCC People Together
Membership: People who are HIV+, ARC or AIDS, or other catastrophic illnesses & those who love & support.
Contact: Sandy or PJ, 916/454-4762.
Fee: none
Time: Tues., 7:30-9 p.m.
Place: RCMCC Activity Center, 2741 34th Street
Purpose: Social & spiritual support group sponsored by the River City Metropolitan Community Church. Everyone Welcome.

Woman to Woman
Membership: women of color who are HIV+, ARC or AIDS. Child care & transportation available.
Contact: Betty Baker, Project Survival, 916/454-0516
Fee: none
Time: Mon., 5-7 p.m.
Place: 3501 Broadway
Purpose: Emotional & social support.

Women's Support Group
Membership: HIV+ women
Contact: Donna Robertson, Sacramento AIDS Foundation, 916/448-2437.
Fee: none
Time: Tues., 6:30-8:30 p.m.
Place: SAF, 1900 K Street, 2nd floor
Purpose: Education & emotional support.

Let's Talk Peer Group (Queers with Fears)
Membership: Gay/bisexual men only
time: 2nd & 4th Wed., 7-8:30 p.m.
Fee: none
Place: CARES Clinic, 2710 Capitol Avenue

Women's Support Group
Purpose: One on one counseling for HIV+ women
Contact: Judi Marcelle, Mercy General Hospital Social Services, 916/453-4589.
Free: free
Place: 4001 J Street

Support Services

Sacramento AIDS Foundation
Provides AIDS Education, client service, community outreach & maintains a Volunteers Speakers Bureau. Hand to Hand Emotional & Practical Support volunteers available to clients diagnosed ARC/AIDS. 1900 K Street, Suite 200, Monday-Friday, 9 a.m. -5 p.m., 916/448-2437.

Del Oro Regional Resource Center
Membership: Brain impaired adults
Contact: Connie Gerber
Information & referral contractual service for legal & financial advising, counseling, respite care & referral to support groups.
Place: 3625 Mission Avenue, Suite 300, Carmichael, 95608, 916/971-0893.

CARES Clinic
Provide counseling, early intervention/medical attention to HIV+ individuals. 2710 Capitol Avenue, Mon.-Fri., 9 a.m.-5 p.m., 916/443-3299. Fee for service.

AIDS Survivors of Nevada County, Inc. (ASNC)
Membership: All HIV+ persons in Western Nevada County, since 1989.
Support group meets every Tues., 7 p.m.; caregiver referral, HIV resource library, speakers bureau, social events. Professional facilitated. 916/265-2199.

Lambda Community Center
Information & resources to help the individual with HIV. 1931 L Street, Mon.-Friday, 10 a.m.-6 p.m. 916/442-0185; info line: 916/447-5755.

Being Alive "Living Room"
Drop-in social time for people living with HIV at the Lambda Community Center every Thurs. from 2-5 p.m. 1931 L Street, for more info call 916/442-0185.

Sierra AIDS Council
Support services for people dealing with HIV disease in Amador, Calaveras & Tuolumne Counties
P.O. Box 1062, Sonora, 95370
209/533-2873

W.C.I.C. (Women's Civic Improvement Club) Project Survival
Minority issues & AIDS, 3501 Broadway, 916/454-0516.
Contact: Nadine L. Roberts or Joe Hawkins

The Effort
IVDU treatment program, AIDS education, counseling & confidential testing. 1820 J Street, 916/444-6294.

Hospice Care of Sacramento, Inc.
Providing services to persons coping with a terminal illness & their families. 2007 O Street, Suite 100, 916/443-0398.
Fee: none

Planned Parenthood of Sacramento Valley
AIDS Education to youth detention, homeless shelters & classrooms. 1507 21st Street, Suite 301-A, 916/446-0930.
Fee: none

Alcoholics Anonymous
2425 Alhambra Blvd., Sac., 916/454-1100.
Gay AA Group, "Trust the Process," Wed., noon-1 p.m. at Lambda Center, 916/442-0185.

Narcotics Anonymous
P.O. Box 162416, Sac. 95816, 916/486-0465.
Fee: none
Gay N.A. Group, "Lavender Nights," Mon. & Fri., 8 p.m. at Lambda Center, 916/442-0185.

Placer County AIDS Foundation
12183 Locksley Lane, Auburn, 95603
Support services for those dealing with HIV in Placer County & surrounding areas. 916/889-AIDS (889-2437).

Legal

Sacramento AIDS Legal Referral Panel
Contact: June Black or Ellen Juarez, 916/444-6760.
Fee: Reasonable or no fees for AIDS-related matters.
Place: 515 12th Street
(Must state that you were referred by the Sacramento AIDS Foundation).

Medical Clinics

AIDS Related Disorders Clinic (ARDC)
University of California, Davis, Medical Center, Primary Care Building
Provides medical care to people with HIV disease.
2315 Stockton Blvd., Sacramento, 916/734-7194.

AIDS Research Office
UCDMC, 916/734-8282

CARES
Provide medical evaluation, personal counseling, health education & referrals for HIV positive people.
Fee for service
2710 Capitol Avenue, Sacramento, 916/443-3299.

HIV Clinic
Offers medical care for individuals who need a general work-up related to HIV infection.
Fee: none
1500 C Street, Sacramento, 916/440-5302

Infectious Disease Unit
University of California, Davis, Medical Center, 916/734-3741

County AZT Program
No AZT free.
2921 Stockton Blvd., Sacramento, 916/732-3770.

HIV Antibody Testing

Capitol Health Center
1500 C Street
Call for information & appointments for free, anonymous test on Wed./Thurs., 4:30-5 p.m., 916/440-7720.

The Effort
1820 J Street
Call for information & appointment for free, anonymous test on Tues. & Thurs. evenings, 916/446-6467, call after 3 p.m.

California State University, Sacramento, Health Center
600 J Street. Call for information & free, anonymous test for students, faculty & staff, 916/278-6461.

Chemical Dependency Center for Women
1507 21st Street. HIV testing for Intravenous drug users & their partners. Confidential testing Thurs., 3:30-5:30 p.m., 916/448-2951.

Hispanic AIDS Community Educational Resources
7000 Franklin Blvd., Suite 210. HIV anti-body testing with bilingual counselors available Tues. evenings from 5-7 p.m. 916/392-7815 or 916/734-8282.

Spiritual Groups

SUFI Healing ARTs (MTO)
Membership: People who are HIV+, ARC or AIDS.
Contact: Linda O'Riordan, R.M., 916/487-0323.
Fee: Donation requested.
Time/Place: Call for current time & location.
Purpose: SUFI healing, concentration & meditation classes.

G U I D E

Healing Alternatives
Affirmations, visualization, discussion & structured exercises in support of healing & health.
Fridays at 8 p.m.
St. Francis Chapel, 26th Street betwen K & L.
Call Steve, 916/682-4737

Suicide Prevention
Volunteers available 24 hours to help individuals through times of crisis. TTD capabilities for the hearing impaired.
Emergency: 916/368-3111, office: 916/368-3118.

Transformational Energetics
Workshops ton transofrmation & healing primarily focused on deep healing issues for people with HIV & other life-threatening illnesses.
Contact: Michael Dulling, MD, 916/422-1234
Fee: negotiable

Support Groups for Partners, Family & Friends

HIV and Emotional Support Group for Partners, Family & Friends
Membership: Partners, family & friends of someone who has HIV/AIDS, & those grieving over the death of a loved one.
Contact: Sharon Hartley, LCSW, & Charla Wistos, 916/454-1655.
Fee: none
Call for time, place
Purpose: Emotional support

HIV-AIDS Family Support Group
Membership: Parents & adult siblings, among the HIV/AIDS spectrum: diagnosis through bereavement.
Contact: Pastor Todd VanLaningham, 916/483-5691 or 916/456-9642.
Fee: none
time: 7-8:30 p.m.
Place: Lutheran Church of Our Redeemer, 4641 Marconi Ave. at Mission
Purpose: Emotional support

Hemophiliac Support Groups
Male Support Group
Membership: Hemophiliac & blood transfusion men with HIV.
Contact: Vicki Burdur, Bi-Valley Medical Clinic, 916/442-4985.
Fee: none
Time: Every Tues., 9 a.m.
Place: 2100 Capitol Avenue
Purpose: Education & emotional support

Parents Support Group
Membership: Parents of adults & children with hemophilia
Fee: none
time: 3rd Thurs., 7-8:30 p.m.
Place: 2100 Capitol Ave.
Purpose: Education & emotional support

For Mothers Only
Membership: Mother's Peer support Group
Contact: Peggy Zarembo, 916/447-5075
Fee: none
Time: Tues., 1:30 p.m. at SAF
Purpose: Support for mothers of people with HIV, ARC & AIDS & mothers who have lost sons & daughters to AIDS.

Political

Lobby for Individual Freedom & Equality (LIFE)
Statewide AIDS lobbying group representing 70 gay, lesbian & AIDS organizations
926 J Street, Suite 1020, 916/444-0424

Lambda Letters Project
Organizes letter writing campaigns expressing community opinions on women's issues, gay & lesbian rights & AIDS issues. The group also offers letter writing assistance to people who would like to express their viewpoints.
916/965-6851

AIDS Action League
Offers housing assistance to people with AIDS. Organizes projects which directly benefit people with AIDS & provides educational information.
Fee: negotiable
2612 J Street, Suite 6, Sacramento, 916/448-4027.

Food

A Touch of Sabbatt
A monthly delivery of homemade chicken soup & challah (bread) the last Friday of each month for people with AIDS or ARC. for more information call 916/921-1313 or 916/482-1432.
Free food closets

Products

Sunergy - Herb Food Concentrates
Sunrider nutritional products & philosophy formulated after the ancient Chinese tradition of nourishing the body with whole foods & the proper combination of herb foods.
Local distributor: Gina Milbourn, 916/991-0860

Reliable Medical Resources
Quality Health care roducts ranging from personal aids/support equipment, incontinency protections & skin care products. Available at no cost to individuals with Medi-Cal/Medi-Care coverage. Lowest cost to insurance plans & private pay.
916/383-6868.

Information

Project Inform
Non-profit information resource group & hotline for alternative & experimental treatment updates including Compound Q, alpha interferon, AZT, aloe vera juice, ribavirin, DNCB, etc.
Hotline 800/822-7422 or 415/928-0293.

AIDS Treatment News
Bi-weekly publication that covers up-to-date issues on alternative & holistic therapies. Subscription charge with a reduced rate for people with HIV. Write John James, P.O. Box 411256, San Francisco, CA 94141.

National AIDS Information Clearing House
Local & national computerized resource listings & informational publications, many available free of charge to people with HIV such as the AMFAR (American Foundation for AIDS Research) Directory of Experimental Treatments.
800/458-5231 or 212/719-0033.

BETA (Bulletin of Experimental Treatments for AIDS)
Publication of the San Francisco AIDs Foundation. Educational resource for people reviewing experimental treatments for HIV. Free to San Francisco residents, subscription charge for others.
800/FOR-AIDS for sample copy & information.

NIH (National Institute of Health)
Drug Trials Information
toll-free phone line with information on federally funded clinical trials researching AIDS treatments with information provided by APA MONITOR (American Psychological Association).
800/TRIALS-A or 800/874-2572

AIDS Library of Philadelphia
32 N. Third Street, Philadelphia, PA 19106, 215/922-5120

Northern California AIDS Hotline
800/367-2437

AIDS Drug Hotline
800/334-7422

UC Davis Medical Library (MED-LINE)
916/453-3529

Persons with AIDS (PWA) Hotline
800/367-2437 or 415/861-7309

National Association of People with AIDS
2025 Eye Street, NW, Suite 415, Washington, D.C., 20006
202/2856

Mothers of AIDS Patients
P.O. Box 89049, San Diego, CA 92138
619/426-1317

Teen AIDS Hotline
800/234-TEEN
National Library of Medicine (for subject searches, AIDS LINE 301/496-6095

The NAMES Project
Educating the world by remembering those who have died of AIDS by creating memorial quilt panels with love.
2362 Market Street, San Francisco, 415/863-5511.

Religious Services

River City Metropolitan Community Church
2741 34th Street, 916/454-4762
Sunday Worship Services: 9 a.m., 11 a.m. & 6 p.m., Sunday School during 11 a.m. worship for Children 2-2.
TV ministry on Channel 17, 7 p.m.

Newspapers

Available at Lambda Community Center

the latest ISSUE
Sacramento's news magazine for the gay community and its friends
P.O. Box 160584, Sacramento 95816
916/737-1088

MGW Newspaper
First & oldest newspaper for the gay community
1725 L Street, Sacramento 95814
916/441-NEWS

Patlar
"Voice of Gay America"
P.O. Box 22402, Sacramento
916/452-0769

BLK
Blk Publishing Company
P.O. Box 83912, Los Angeles, CA 90038-0912

The Sentinel
California's statewide gay newsweekly.
415/861-8431 for subscription information.

Bay Area Reporter (BAR)
Excellent information & news source.
395 Ninth Street, San Francisco, CA 94103.
Available at Tower Books or by subscription, 415/861-5019 for information.

Workshops

The MENS Session
We all know we need to have safe sex, but maintaining changes in how we have sex can be very difficult.
The MENS Session helps men adjust to those changes in a fun, sex-positive & information workshop.
Fee: none
Call Sacramento AIDS Foundation for dates & times, 916/448-2437.

Lambda U
An ongoing series of workshops on a wide variety of subjects.
Fee: none
Place: Lambda Community Center, 1931 L Street, 95814
Information: 916/442-0185

CHANGE OF LOCATION

HIV+ Emotional Support Group

This group meets the 1st & 3rd Wednesdays of each month at the
BUHLER BUILDING
2800 L Street
Classroom #1

Facilitators:
John Linder & Will Green

In the News

Eleven Percent Entirely Healthy 10 or More Years After HIV Seroconversion

by John S. James

A major San Francisco study of AIDS progression is finding that about 11 percent of persons infected with HIV are completely healthy 10 or more years later; they not only have no HIV-related symptoms, but also have normal T-helper counts. A formal report on intensive studies of some of these patients is being prepared for publication. Researchers are trying to find out why the disease progresses very slowly (if at all) in some people; such knowledge might be useful in developing treatments.

The data is emerging from the Clinic Study, conducted by the San Francisco Department of Public Health (DPH) and the U.S. Centers for Disease Control. The Clinic Study began as research on sexually-transmitted hepatitis B, before AIDS was known; 6,705 gay or bisexual men who visited San Francisco's sexually-transmitted disease clinic from 1978 to 1980 were recruited, and frozen blood samples were saved. Later it was found that 489 of them were either HIV positive when they entered the study, or became positive at a known time between 1978 and the present. Because the approximate time of seroconversion is known, this cohort is providing some of the best information anywhere on how AIDS develops.

Of the 489 whose time of seroconversion is known, 341 were found to be HIV positive more than 10 years ago, between 1977 and 1980. As reported last November, 49% of these men had died of AIDS, 10% currently had AIDS, 19% had ARC, 3% had lymphadenopathy but no other symptoms, and 19% had no clinical symptoms of AIDS or HIV. {Note: Survival is almost certainly better today; these percentages are for persons infected by 1980, years before antiretrovirals, pneumocystis prophylaxis, and other treatment improvements were in use.] Today more than half of that 19% -- 11% of the 341 -- not only have no symptoms, but also have normal T-helper counts.

We asked Susan Buchbinder, M.D., of the AIDS Office of DPH, whether the statistics on disease progression suggest that some of the 11% would never become ill, or if they were only the extreme end of the statistical distribution of slow disease progress. She said that no one knows at this time -- but that in either case, information about why HIV infection behaves differently in these people might help in developing treatments.

One of the major theories being studied now in conjunction with the San Francisco City Clinic is that certain blood cells, perhaps CD8 lymphocytes, secrete an unknown substance which helps to keep the virus in check.

Any gay or bisexual men who visited San Francisco's STD clinic from 1978 to 1980, and have not already been in contact with the research tem, could call to see if they have frozen blood stored. They must give permission for their blood to be used for research. Persons who participate in research can learn about their own health history and status, and also they will be contributing to knowledge which could help to improve HIV treatments. Those who may have blood stored can call Paul O'Malley at the Clinic Study, (415) 554-9030.

-- *AIDS Treatment News*

AZT Patent May Be Challenged

Washington Post

WASHINGTON -- The National Institutes of Health is considering legal action to invalidate the exclusive patent held by the British pharmaceutical firm Burroughs Wellcome on the drug AZT, a step that could lead to dramatically lower prices for the costly AIDS treatment.

NIH director Bernadine Healy has accused Burroughs Wellcome of unfairly taking credit for discovering the drug and said the agency is investigating ways to get government scientists -- who collaborated with the company six years ago to develop AZT -- included on the patent as coinventors.

With the statement the NIH joins a growing chorus of consumer advocates, pharmaceutical companies and AIDS researchers who have argued that Burroughs Wellcome does not deserve the patent it won for the drug in 1988. Because much of the critical work in developing the treatment was done by scientists at the National Cancer Institute, they say patent rights should be shared by NIH and Burroughs Wellcome.

The NIH's action reflects a new commitment to asserting and protecting its commercial rights to scientific work conducted with public funds. In the case of AZT, of which close to $1 billion worth has been sold since it was approved in 1987, it has long rankled many consumer advocates and government scientists that a private company has reaped all the commercial benefits of a treatment developed in part with taxpayers' money.

-- *Sacramento Bee*

Government Intervenes On Alleged AIDS Cure

A federal judge has issued a temporary ban on marketing of a nutritional supplement called "Immune Plus" as an AIDS cure. The ban was requested by the Federal Trade Commission, which hopes to win repayment to buyers of the preparation. The complaint filed in San Francisco said claims have been made that the $297-per-month product can improve the immune system.

Immune Plus is formulated from vitamin and mineral supplements and fatty acids. It is manufactured in Texas and distributed by the Hopland band of the Pomo Indian tribe. Advertisements and a promotional video cite a study proving its effectiveness. Other advertisements promise "amazing results" to "anyone suffering from AIDS, exposed to HIV virus or just concered about staying healthy."

The Federal Trade Commission complaint says the project is worthless as a treatment or cure for AIDS. Immune Plus has been on the California market for nearly a year, and was widely promited in papers directed at San Francisco's gay community. The American Public Health Association estimates that health quackery in the United States is a $10 billion industry, and that Americans spend $26 billion each year on questionable medicine.

Looking for a support group?

RESOURCE GUIDE
Pages 8-9

Neuropathy: Answers Emerging?

by Denny Smith

Neuropathy has become a problem for many people with HIV infection, and can develop for a variety of reasons. Fortunately, it might be controllable with a number of promising treatments, many already available for other purposes.

The progression of HIV alone can apparently lead to two different disorders of the peripheral nervous system. One kind is a painful sensory dysfunction resulting from the degeneration of the axon, the component of nerve cells responsible for conducting impulses. The other, less frequent, neuropathy results in a motor weakness caused by an inflammatory process which damages the myelin covering the nerve fibers. This kind may resemble "myopathy," a discomfort or fatigue of muscle fibers, which is also identified with HIV or with long-term use of AZT.

Other possible causes of neuropathy include some opportunistic infections and tumors, as well as some of the drugs used in HIV/AIDS therapies (such as ddI, ddC, interferon and certain chemotherapies). Distinguishing the cause or type of neuropathy is important for deciding which treatment approach to take. Discontinuing a medication from which neuropathy has been known to result may resolve the symptoms completely, especially if done in a timely manner. But if an infection or medication is determined not to be the cause, nerve conduction tests may help with a diagnosis.

Much of the previous medical literature discussing neuropathy came from experimental approaches for the often painful neuropathy experienced by people with diabetes. Research into diabetic neuropathy has suggested a number of possibilities, and achieved some limited successes.

Among these are a number of treatments already licensed for other indications: piroxicam, plasmapheresis, calcitonin (nasal spray), capsaicin, antiarrhythmia drugs like mexiletine and lidocaine (intravenous), antidepressants such as nimodipine, imipramine, desipramine or fluoxetine, anticonvulsants like phenytoin, and narcotics for very painful neuropathy.

Some others, regarded generally as investigational agents, are coenzyme Q-10, gamma-linolenic acid, prostaglandin E1, and tolrestat.

AmFAR has granted the ACRC funding for expanded trials. Mexiletine, capsaicin and some of the other possibilities mentioned above are already available by prescription, physicians and patients have access to those drugs now, without enrolling in a trial.

Persons interested in a study can contact the Santa Clara Valley Medical Center site at (9408) 299-5588, or the Redwood City site at (415) 364-6563.

-- *AIDS Treatment News*

Epidemic

Continued from page 1

whose devotion has been the model for the past decade, is already taking its toll on these caregivers, no matter how filled with love they may be. It's well past time for this country's health care system and government to recognize that this disease may be with us for decades to come, and that mainstream medicine and health care are going to have to integrate HIV treatment and prevention into their regular work. Few AIDS-knowledgeable physicians are now able to take on new patients. Where are those hundreds and thousands who will soon find they have HIV disease go? There must be a system in place to allow these people to remain well as long as they can.

The past decade has shown us that our cities and legislators must take action in the coming years, but it has also brought us hope. It's brought us many medications and treatments that are keeping people with AIDS and HIV disease well longer. And this is the key. If we can add more and more years between diagnosis and the onset of an illness, if enough AIDS-knowledgeable physicians become available to treat people with the virus, we will be moving forward to a future of promise.

New treatments and combinations are continually coming our way, and they're working on many people and bringing with them continued and realistic hope.

This past decade has also taught us to love ourselves and to love one another. The caring, sharing, and courage that's brought thousands of people together over the past 10 years is now taking us through the 1990s, and will surely be remembered as unprecedented. It gives new recognition to the human spirit borne from the ashes of over 110,000 Americans who died before their time.

But those who've been touched by this epidemic must deal with the reality that Americans still think of AIDS as a gay disease, or a drug addict's disease. This labeling and this bigotry has much to do with the lack of support and compassion for PWAs. it has incited hate and violence and fear, and kept out of our grasp the funding to provide outlandishly overpriced medications and care to those among us struggling with this disease. But if there's one thing we've learned for certain, it's that by holding tight together, no pen, or sword or law can extinguish the flame that now burns bright for all Americans to see. And that, as we continue to listen year after year to the noble sentiments of legislators who cloak their bigotry with law, we shall maintain the strength to tear off their cloak of hypocrisy and hatred, and move forward in this war -- losing many battles, winning many battles, and know that something good happened here in the midst of all this horror.

educating themselves about medical, holistic, and spiritual treatments and taking control of their lives. They're learning how to select from or blend together the resources available to them, and they're staying healthy. Many are insisting on safe sex, because they now know that the only way to stop this disease is to stop giving it to one another.

They're learning it's possible in many cases to shift the odds markedly in their favor by developing a positive attitude and a healthier lifestyle. They're eliminating or are at least becoming aware of habits that destroy their fragile immune systems. They're keeping themselves educated on constantly-changing treatment issues; they're working with their physicians and wanting a say in their overall treatment plan.

But how much further ahead are we than 10 years ago? We now have medications that can prevent many of the infections and diseases of AIDS, and we have medications that can bring people out of the hospital after they've become ill. But we now find ourselves on a merry-go-round: we can keep people alive months or years longer, but what this sometimes means is that they may be susceptible to new and unusual diseases for which we haven't yet found a treatment. And we still don't know why this disease can kill some people in one to four years, while others are still free of symptoms after 10 to 12 years.

Positive Thinking

Positive thinking, of course, plays a critical role in being healthy, and many of us have seen people go into complete depression and die within weeks or months of their diagnosis. Workshops on positive thinking and feeling good about yourself and learning that it's OK to be gay have shown the way for many, and keep the depression and fear from taking over and stealing away many of the years of their lives. The epidemic has also inspired the creation of numerous community-based support groups that care for those with HIV and try to give them the knowledge they need to stay emotionally, spiritually, and physically healthy. But this disease has also brought with it the charlatans, selling at high prices their pretenses of knowledge and healing abilities, stripping away the remaining resources of a desperate group of people.

And we still have with us, incredibly, physicians and individuals who provide AIDS information, who tell a person with AIDS they probably have six months to live. Few can accurately predict the direction of this disease, and telling this to a patient not only takes away his hope, but encourages him to spend as fast as possible the money he's saved over his lifetime. to what extent does misinformation of this type, from individuals and books and friends and charlatans, contribute to the fact that nearly one-third of all people with AIDS eventually have to turn to government support programs for their livelihood, and find themselves trying to subsist for the last years of their lives on $600 or less each month?

The Third Wave

And now the third wave of the epidemic is upon us -- sweeping over us after the initial infection among gay men in the early 1980s, and the second among addicts and their lovers and their children that began in the mid-80s. This third wave is made up mainly of two groups: men of color, who for years remained relatively untouched by prevention campaigns aimed to a large degree at the white, middle-class population; and the second group, to the horror of experts in the field: young gay and bisexual men, coming of sexual age in the midst of an epidemic they think belongs to another generation.

So back the pendulum swings again, because educators simply can't make people do what's good for them. Because these young men feel, as do most youths, immortal and invincible; and many feel, as do some older gay men, that being safe is not sexy, that being gay and being sexy is really about excitement and risk-taking. And how much riskier can it be than to have sex without a condom? But condoms represent safety, and they take away the danger and risk.

A recent San Francisco study on randomly selected gay men showed that the largest number of HIV infections were among those aged 17 to 22 -- youths who apparently never got, or never heeded, the educational messages of the past several years that -- not only are they not invulnerable -- they are in fact now the new high risk group. And in Sacramento, there is a critically short supply of programs aimed at gay teens and children because there's an abundance of religious institutions and adults who feel Sacramento's children don't need "this kind" of information.

A third group causing worry to specialists are those relapsing into unsafe behaviors. A recent survey showed that 18 percent of gay men of all ages in San Francisco had unprotected anal intercourse -- the riskiest of all sex acts -- at least once last year.

Will AIDS ever completely go away? The answer, unfortunately, may be no, even if a vaccine or cure becomes available -- because the young people aren't listening to what they don't want to hear; because it's apparently hard for many people to have safe sex every time, year after year after year; and because there may always be a segment of society who won't be able to benefit from a cure or vaccine because they absolutely will not get tested, because knowing will shatter the illusion.

Thus this country surges toward 200,000 cases. And, with the Centers for Disease Control (CDC) in the process of updating its definition of AIDS to include people with fewer than 200 T-cells but no other symptoms, problems being encountered solely by women, and other broad definitions, we may find there are thousands more cases of full-blown AIDS than the 65,000 current cases now officially reported by CDC. If the projection that this country may now have one million cases of HIV should prove to be a reality, the next decade -- as the diseases progresses in these people -- will deal a crushing blow to this country such as it's never seen before.

California ... Disaster

So California remains on the threshold of disaster, with 23,000 deaths so far listed as its official toll. Since 1981, Sacramento County has officially listed

See Epidemic on page 16

"Imagine ... a war that came through the city and knocked out one-third of all the young men ..."

In the News

Body's Counterattack on AIDS

Researchers Find Evidence of Strong Resistance to Infection

BOSTON (AP) -- the body mounts a stunning counterattack in the first weeks of an AIDS infection and learning to harness this power could provide new weapons for fighting the disease, researchers report.

Two teams, working independently, have found that during the initial weeks of its invasion the virus reproduces unchecked and reaches massive levels in the bloodstream. But then the body's own defense system comes to life and drives the virus back, reducing it to minimal levels.

The intensity of this countermeasure surprises researchers, especially considering that it eventually fails. Even though the human immunodeficiency virus is pushed into the background, it regains the upper hand years later and again grows explosively, this time killing its human host.

"We found that very early on during the illness, there is a tremendous burst of virus replication that occurs in the patient," said Dr. David D. Ho. "It was quite revealing to see it grow so quickly. That has never been formally documented for HIV.

"Then things turn around a week or two later," Ho said. "The virus replication returns to barely detectable levels. It suggests that there is something very effective in the host that can quickly control the spread of the virus. It is very important to study that. We will be spending a lot of time and energy to pursue that effective immune response."

Another AIDS researcher, however, said something better than that immune response will be needed to fight the disease.

Ho, until recently at the University of California at Los Angeles, is the first director of New York's Aaron Diamond AIDS Research Center.

His work and a similar study conducted by Dr. Stephen J. Clark at the University of Alabama were published in the *New England Journal of Medicine.*

Together, they documented the initially overwhelming growth of the virus and then the body's spirited response in seven people who were newly infected.

All of them had gone to a hospital for sickness resulting from the initial infection. They had a variety of symptoms, including skin rashes and flu-like fever, sore throats and aches. All got better without receiving any AIDS treatment.

The researchers found that at the height of the patients' early illness, a single liter of their blood might contain 10 billion individual viruses. Levels this high are not seen again until patients fall sick with full-blown AIDS.

"They are sickest when their virus levels are highest," said Clark. "They have not had time yet to develop an immune response. As it emerges, the virus declines, and their symptoms disappear."

-- *San Francisco Chronicle*

Ruiz

Continued from page 1

Even when Joann was not feeling well, she visited people with AIDS in the hospital as she never wanted anyone to be alone and she knew how isolated one can feel with this disease. Joann contracted HIV from a patient she was caring for whom, after drawing blood from the patient, the needle accidentally struck her and injected some of the patient's blood into her leg. Joann was very concerned about the young man, her patient. She didn't want him to feel bad or guilty because of what happened. They remained supportive friends to one another until his death.

Joann's fight against AIDS ended on Monday, June 3, while at home surrounded by her lover, Linda Tutor, her dog, Tootsie Ruiz and many loving friends. She had fought a courageous battle with more dignity and compassion than anyone I have ever known. She is at peace and in good company with those other wonderful friends we have lost. I will miss her loving touch, her kindness, her sweet and sage advice, the little sparkle always present in her eyes and her mischievous smile.

Second Wave of AIDS reported S.F.'s Young Have High HIV Rates

by David Ansley
Knight-Ridder Newspapers

SAN FRANCISCO -- A "second wave of AIDS is spreading among young gay and bisexual men in San Francisco who were only in grade school when the AIDS virus first began to decimate America's gay communities.

And the rates of HIV infection are highest among the youngest men tested.

A new study by San Francisco's Department of Public Health was intended to check reports that increasing numbers of men in their late teens and early 20s were turning up at AIDS testing and treatment centers throughout the Bay Area.

Researchers parked a recreational vehicle outside several San Francisco gay dance clubs and invited more than 250 patrons to have their blood tested and answer a survey. To their surprise, they found HIV infection rates highest -- 14.3% -- among men age 17 to 19. The rate to 14% among those age 20 to 22, then dipped to 10.4% for those age 23 to 25.

"That's the opposite of what we'd expect if there were no second wave of the epidemic," said epidemiologist George Lemp, who led the study. The overall rate of AIDS-virus infection among San Francisco gay men is estimated at roughly 50%.

The survey found that unsafe sex was a common practice among the young men. Health authorities and gay activists said one reason was the notion that only the older generation -- in their 30s and 40s -- has the AIDS virus, so sex with peers is safe.

Also alarming was the percentage of young men (43% of those age 17 to 19) who were not using condoms during anal intercourse, one of the most effective ways of transmitting the virus.

Tom Myers, spokesman for the Aris Project, a service group, said he believes gay men fall into three groups divided roughly by age: those over 30 who were hit hardest by the virus when it circulated unchecked in the early 1980s; those in their 20s and early 30s who have always known safe sex; and those under 21 who missed most of the message.

But many young homosexual men do know about AIDS and safe sex and simply don't think they're at high risk, said Marty Fenstersheib, deputy health officer for the Santa Clara County health department. Others do realize they're at risk but abandon caution when drinking or being pressured by partners.

-- Sacramento Bee

AIDS: More Tolerance, but Less Concern?

The Roper Organization
The Public Pulse, January 1991

"In 1987, about one in 10 Americans knew somebody who had AIDS or someone who had died from the disease. That number has since almost doubled to 18%. Among upscale Americans -- affluent, college-educated professionals -- three in 10 have been touched in this way by AIDS.

Because the number of Americans who say they would be willing to come in casual contact with a person who has AIDS has increased over the past three years by an average of 21 points for each of the six specific activities asked about.

Also reflecting more calm knowledge and less irrational fear, the number of people who think that AIDS patients should be quarantined has fallen sharply from 34% in 1987 to 15% today. And those who think that all people testing positive for HIV should be quarantined -- even if they have not yet developed AIDS -- has dropped from 14% to 8%.

Indeed, the number of people describing the issue of AIDS as a personal concern of theirs dropped from 43% to 26% between 1988 and 1990. The cruel irony is that as public hysteria ad intolerance of people with AIDS has faded, so has popular demand for action."

-- *Medical Benefits*

AFFIRMATION

I TRUST THE PROCESS OF HEALING THAT IS TAKING PLACE IN MY LIFE.

DEADLINE
FOR THE SEPTEMBER/OCTOBER
PSSN IS AUGUST 12, 1991
Send copy to
PSSN
Lambda Community Center
Box 163654
Sacramento, CA 95816

In the News

Americans with Disabilities Act

The U.S. Justice Department and the Equal Employment Opportunities Commission have proposed regulations which spell out how last year's Americans with Disabilities Act will be enforced. The proposed rules affect hiring and accommodating disabled workers, and are like earlier rules which would eliminate barriers that keep the disabled from full participation in society. For example, the rules could require structural changes to offices or stores so that disabled consumers receive the same level of services as other customers. The new rules would go into effect in January, 1992.

Under the proposed rules, restaurants must provide menus in Braille or have staff read the menu to blind customers. Theaters must provide integrated seating so disabled can sit with non-disabled friends. Hotels must provide telephones which can be used by deaf and speech impaired guests. Undertakers cannot refuse to handle the body of a person who died of AIDS. In stores, aisles must be wide enough for wheelchairs, and at gas stations, self-service pumps must be usable by the disabled.

Employers may not directly ask about an applicant's disability -- whether it is an obvious impairment like blindness or a hidden condition like high blood pressure or AIDS. However, if a worker is hired, and cannot meet the physical requirements of a job, he or she could be dismissed.

DEA Told to Reconsider Marijuana

by Sonya Cox
MGW HIV Editor

A federal appeals court has ordered the Drug Enforcement Administration to reconsider its opposition to the therapeutic use of marijuana, which seems to control nausea and other symptoms experienced by people with AIDS. It's currently a "Schedule I" drug which means it's subject to severe restrictions on access even to physicians. Activists want it changed to a "Schedule II" drug, which covers drugs with a high potential for abuse, but can be available for "currently accepted medical use in treatment." It has also been beneficial for people fighting cancer, glaucoma and other diseases.

AFFIRMATION

I AM SAFE IN THE UNIVERSE AND ALL LIFE LOVES AND SUPPORTS ME.

Pets and HIV

For a person with a compromised immune system, the psychological and physical benefits of pet ownership usually outweigh the risks of acquiring a zoonotic disease, according to veterinarian Ken Gorczyca, DVM, who is present of the San Francisco based Pets Are Wonderful Support (PAWS) organization.

Pets often enhance the quality of life for the ill and help keep a sense of isolation at a distance.

Dr. Gorczyca noted that a special concern for people with compromised immune systems is the possibility of catching diseases from their pets. A suppressed immune system increases the risk of catching a zoonotic disease, he added. But removing pets from the home "will do little to eliminate major sources of infectious diseases," said Dr. Gorczyca.

Until the advent of AIDS, zoonotic diseases affected very few lives in the U.S. Early in the AIDS epidemic, some physicians, to be on the safe side, advised HIV infected patients to give up their pets, believing such people were at risk of contracting a zoonotic disease such as toxoplasmosis or cat scratch disease.

Cats carry toxoplasmosis and through their feces, can transmit it to people. People can also get toxoplasmosis from eating inadequately cooked meat or from contact with dirt that has been contaminated with cat feces.

Because most people are already infected with the toxoplasma organism, recent studies indicate that people with HIV who develop toxoplasmosis are actually developing a "reactivation" of something they already had but that didn't make them symptomatic until their immune system deteriorated. So removing pet cats from an at risk household will have little effect on the number of new cases of toxoplasmosis in people with HIV, he added.

Dr. Gorczyca said that cat scratch, a bacterial disease, has been reported in people with AIDS.

While the disease is not completely understood, cat scratch appears to be most commonly acquired from kittens and thus declawing an older cat will unlikely change the risk of the disease.

To avoid contracting the disease, cat's nails should be trimmed monthly. If a person gets scratched by a cat, the wound should be cleaned with tamed iodine solution such as Betadine and a physician should be contacted.

-- American Association of Physicians for Human Rights

Traveling with HIV

Care and Caution: Military Checkpoints to Mosquitoes

by K. Orton Williams

Ah yes, mosquitoes! While parts of the world continue to make strides in the control of mosquitoes and mosquito-borne diseases, others do not. It is possible (though unlikely) to contract malaria even in tourist resort developments on the Pacific or gulf coasts of Mexico.

The Caribbean is comparatively malaria-free but vast tracts of South America, Africa and Asia are not. In such areas, any excursion into bush or rain forest increases the risk. And malaria is just one of the numerous protozoan diseases and viral fevers transmitted by insects.

Apart from the chance of disease, mosquitoes are an infernal nuisance to share a room or tent with. Remember to buy insect repellent before you leave the U.S.; it is not available everywhere. Also a spray can of insecticides; their odor is pervasive and unpleasant, the vapor is unhealthy and compounds in the aerosol don't help the ozone layer, but sometimes they are simply the lesser of two evils.

If you must use insecticide, shut all doors and windows tightly before nuking the room, then rush out to dinner or sightseeing for a couple of hours. Be prepared to sweep up a pile of dead cockroaches before you get to bed.

In many countries, mosquito coils are readily available. They are spirals of pyrethrum compound (ecologically correct!) which you put in your room and light, rather like a coiled incense stick, to burn throughout the night. They smell pleasant and are effective.

For the past 25 years, cholorquine has been widely and effectively used as a prophylaxis for malaria. Since 1978 however, when the first resistant strain of *P. falciparum* malaria was detected in Africa, resistance to this drug has spread around the world and it is now of little value. There is at present no readily available, completely safe, effective prophylaxis. Avoidance of the disease is correspondingly more important -- which brings me to mosquito nets.

Nets worked in Korea and Vietnam, and they still work; I have been sung to sleep by a high-pitched chorus of frustrated, blood-crazed *Anopheles* on several occasions, but I won't labor the point. If you intend to visit a mosquito-infested area for any length of time, particularly if you are camping or staying in buildings that are not insect-proof, you should investigate.

Other Fauna and Flora

Despite destruction of Earth's natural environments, snakes, scorpions, spiders, wasps, bees, sandflies, hornets, centipedes, sharks, carnivorous mammals, jellyfish, cone shells and crocodiles still exist outside museums and are equal opportunity diners if provoked -- in other words, just as likely to attack an immumnocompromised person as any other who stumbles into their territory. Swimming in unspoiled, deserted Pacific beaches is great until you actually do see sharks. And if you really must

*See **Travel** on page 16*

Medical News

CDC Seeks Input for Revising HIV Guidelines

AMA, Others Oppose Mandatory Testing of Doctors

ATLANTA -- Mandatory HIV testing of health workers is not necessary and would be counterproductive, the AMA and other leading medical, dental, public health and AIDS advocacy groups told the federal government.

Mandatory testing would not protect patients from contracting HIV from infected workers, dozens of experts said in sometimes heated testimony during a two-day meeting. The conference was sponsored by the Centers for Disease Control, which is considering revising guidelines on HIV testing and restrictions after CDC estimated that more than 100 patients had been infected by health care workers and that a surgeon infected with HIV had as high as 7% chance of infecting a patient during the course of an eight-year surgical career.

Almost unanimously, speakers agreed that mandatory testing is unnecessary because the risk of transmission is very low. This testing also would be counterproductive because it would discourage workers from caring for high-risk populations.

There was heated argument, however, about whether HIV-infected health care workers should be required to disclose their conditions to patients and obtain informed consent before doing invasive procedures. Such a policy is backed by the American Medical Association, the American Dental Association and several major medical organizations including the American College of Obstetricians and Gynecologists. It is opposed by other medical groups.

"... mandatory testing is unnecessary ... the risk of transmission is very low..."

The controversy over the management of infected health care workers began last summer, when the CDC announced that a Florida dentist with AIDS, David Acer, DDS, might have infected a patient. Early this year, the CDC said Dr. Acer probably had infected three patients, and encouraged the AMA and the ADA to make public and explicit their positions. The two associations then recommended that infected health care workers refrain from performing certain invasive procedures or inform patients about their infection status *(AMN, February 4)*.

The agency's most recent guidelines, published in 1987, recommended that decisions about whether an HIV-infected worker be allowed to perform invasive procedures be made on a case-by-case basis.

Although experts agree that transmission of HIV from a health care worker to a patient was inevitable, the Acer case is controversial because the dentist died before investigators were able to question him thoroughly about how the virus might have been transmitted.

The Acer case is the first documented transmission of HIV from a health care worker to a patient. But there have been 40 reports of workers contracting HIV from patients in the 10-year epidemic. Several retrospective studies of the practices of surgeons with AIDS have not found any incidents of surgeon-to-patient transmission.

The AMA has said that physicians who are at significant risk of acquiring HIV and who perform invasive procedures should determine their HIV status. The AMA has defined physicians at significant risk as those performing invasive procedures on many HIV-infected patients and those involved in other high-risk activities. Those testing positive should "either abstain from performing invasive procedures that pose an identifiable risk of transmission or disclose their infection" to the patient and proceed only with the patient's consent.

-- American Medical News

AFFIRMATION

I AM WILLING TO CHANGE.

PSSN Outlets

You can pick up your copy of *PSSN* at the following locations:

- UCDMC-Clinic East 8
- County Health Clinic, 1500 C Street
- CSUS Health Clinic
- Lambda Community Center
- Lioness Books
- CARES
- Fox & Goose
- Tower Books/Theatre
- Food Co-Op
- Western
- Mercantile
- Faces
- Wreck Room
- MCC Church
- Hope House
- TownHouse
- Sacramento AIDS Foundation
- Incredible Edible
- Calif. Medical Facility in Vacaville
- Sacramento County Jail
- Auburn (Placer) AIDS Foundation

Sacramento AIDS Legal Referral Panel

Free Services Available:
- *Wills (Simple)*
- *Durable Powers of Attorney*
- *Durable Powers of Attorney for Health*

Reasonable Fees for AIDS Related Matters:
- *Real Estate Matters*
- *Probate*
- *Family*
- *Supplemental State Disability*
- *Housing*
- *Employment*
- *Insurance Matters*
- *Social Security Income*

Services Available for Those with AIDS, ARC or Those Who Test Positive for the HIV Antibody.

Sponsorship:
- *Sacramento AIDS Foundation*
- *Volunteer Legal Service Program (Sacramento County Bar Association)*
- *McGeorge School of Law (Lambda Students Association Community Legal Services Clinic)*
- *Bay Area AIDS Legal Referral Panel*

For More Information:
Ms. June Black
Sacramento AIDS Legal Referral Panel
515 12th Street
Sacramento, CA 95814
916/444-6760
8:30 a.m.-5:00 p.m. Monday-Friday

AFFIRMATION

I CREATE MY WORLD WITH MY THOUGHTS, WORDS AND ACTIONS. I NOW KNOWINGLY CREATE A WORLD OF LOVE, JOY, AND PERFECT HEALTH.

Doctors with HIV Must Avoid Some Surgeries -- CMA

by Sari Staver

SAN FRANCISCO -- The California Medical Association has upheld a policy that HIV-infected physicians must not perform invasive procedures with a high risk of glove or skin laceration.

"Exposure prone" procedures include those with a high likelihood that a health care worker's blood may contaminate materials that remain in the patient, such as bone pieces or wire.

The action came during the CMA's annual meeting of its House of Delegates.

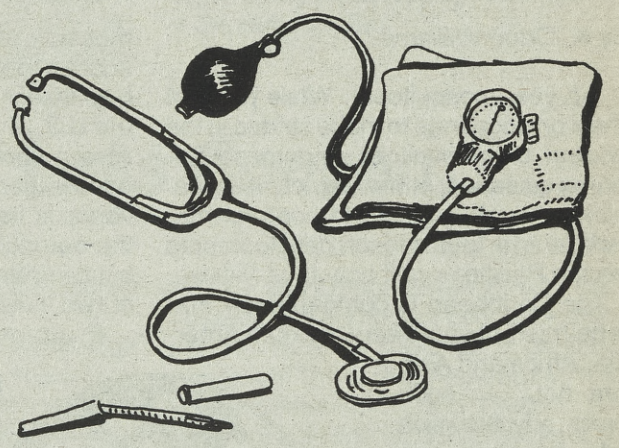
In a statement issued after the vote, the CMA described its policy as "differing significantly" from that of the AMA. In January, the AMA board of Trustees said that HIV-infected physicians must either refrain from performing invasive procedures or inform patients of their infection and obtain informed consent.

The statement followed word that a Florida dentist had probably infected three of his patients. The American Dental Association, American Association of Orthopedic Surgeons and American College of Obstetricians and Gynecologists have taken similar stands; many other medical and health groups disagree.

The CMA action was the first taken by a state medical society following the AMA's January announcement.

The CMA delegates voted on a number of other AIDS issues. They went on record supporting legislation to permit physicians to report HIV disease to public health officers and to permit confidential HIV testing of a patient when a health care worker has been placed at risk and the patient has refused or is unable to consent to testing.

The CMA house also backed changes in state law to eliminate the requirement for separate informed consent for HIV tests. Delegates voted to encourage doctors to routinely offer HIV testing to all "sexually mature" patients, and urge print and broadcast media to permit advertising and public service announcements about condoms.



-- American Medical News

Commission Reports On HIV in Prisons

The National Commission on AIDS released a report to President Bush and members of Congress on "HIV Disease in Correctional Facilities." The report found health care and education systems unresponsive to the epidemic and prisoners living in fear of cellblock stigmatization and lacking compassion and minimal medical care.

The Commission's report dealt with the failure of many federal, state and local prisons to take advantage of the prison setting as a pivotal public health opportunity to educate for prevention of HIV disease, and begin humane care for those already infected.

Citing the explosive growth of prison and jail populations in the last decade, with most of the increase due to those charged with drug-related offenses, the report says that "no other institution in this society has a higher concentration of people at substantial risk of HIV infection."

June E. Osborne, M.D., Chairman of the Commission said, "By concentrating people at highest behavioral risk of HIV, our jails could be serving as an exceptional place to achieve public health objectives, and especially in the containment of HIV and substance abuse.

"Unfortunately, instead of using the opportunity to improve the health of prisoners and the public through ready treatment and education, we have been squandering a major public health opportunity," Osborne added.

The Commission's report citing "the intimate connections between HIV infection, illicit drug use and incarceration," also makes clear that there appears to be negligible transmission within correctional facilities. Still, among those entering the prison system, studies show an infection rate of 2.1% to 5.9% (higher for women), but with some states much higher, such as New York at 17.4%.

To deal with these issues, the Commission has made a series of recommendations to the White House and Congress, including call for U.S. Public Health Service guidelines for correctional facilities, a clarification of policies on prisoner access to HIV clinical trials, the availability of "treatment on demand" for prisoners in need of drug treatment programs, new studies on the status of incarcerated women and children, and creation of a system like the National Health Service corps for prisons, among others.

-- San Francisco Sentinel

AFFIRMATION

I LET GO OF ALL EXPECTATIONS.

Hospice Services at CMF

by Michael Haggerty

The Pastoral Care Services Program began providing hospice services to PWAs and others with terminal diagnoses at the California Medical Facility in Vacaville on April 1, 1991.

The program has been in the planning stages since June of 1990, and was signed into life in March of 1991 by Warden Eddie Ylst, Father Patrick Leslie of the Catholic Chapel, and Dr. German Maisonet, Jr., MD, Chief of HIV Services were the prime sponsors and backers of the program.

Pastoral Care Services (PCS) is an inmate-designed program which offers interested prisoners the opportunity to be trained in the many aspects of hospice services, and then to render hospice-type services to HIV+ inmates who are housed in the hospital wings, L-1 or N-1 Special Program (locked HIV+) wings, or the Pilot Program (U Wing). The program is operated under the auspices of the Catholic Chapel in conjunction with the HIV Services portion of the Medical Department.

Clients (HIV+ inmates) are referred to PCS by their physician or other institution staff. The inmate coordinator conducts an intake interview, and the client is assigned to a team of inmate volunteers who begin seeing the client on a regular basis. PCS is designed to allow volunteers to provide counseling and "buddy" services to HIV+ inmates who are otherwise unable to have contact with any other persons. The scope of services are designed to correspond with the needs of the client, and include around-the-clock, bedside vigils where appropriate.

There are many opportunities for persons from the local community to become involved with the Pastoral Care Services Program at CMF. For more information write: Pastoral Care Service, c/o Catholic Chaplain, CMF-M, P.O. Box 2000, Vacaville, CA 95696-2000.

AFFIRMATION

IT'S ONLY A THOUGHT AND A THOUGHT CAN BE CHANGED.

Doctor

Continued from page 3

course and sharing contaminated needles, Gottlieb said. Teenagers, minorities and others must get more education about safe sex, and intravenous drug abusers should be treated for addiction and given clean needles, he added.

Gottlieb, a native of New Brunswick, N.J., was fresh from immunology training and working as an assistant professor of the University of California, Los Angeles, in late 1980 when he asked colleagues to alert him to unusual ailments.

Between October 1980 and May 1981, five patients were brought to Gottlieb's attention. All were previously healthy, homosexual men who developed ongoing fevers and severe weight loss. They suffered various infections, including an unusual form of pneumonia. Blood tests showed their disease-fighting immune systems were crippled.

"They were very frightened," Gottlieb recalled. "The fact that their doctors were unable to put a label on what they had made them very worried and insecure."

In May 1981, Gottlieb and Wayne Shandera, a CDC investigator in Los Angeles, wrote the report describing the new disease. (Others discovered the virus that caused it two years later).

As soon as the report hit print, "the telephones rang off the hook from doctors around the country," Gottlieb recalled. "They were seeing the same."

Yet "I don't think anyone in their wildest imagination could have anticipated AIDS would span continents and that millions of people worldwide would be infected," Gottlieb said.

His most famous patient was Hudson. After early reports that Hudson had AIDS, Gottlieb urged the hospitalized actor to confirm it publicly.

"He said, 'OK, Dr. Gottlieb, you can tell them. Maybe it will do some good,' " Gottlieb recalled.

Gottlieb made the announcement in July 1985. Hudson's willingness to go public is credited with spurring increased funding for AIDS research and putting a recognizable face on the disease.

"He was the closest thing to a family member with AIDS," Gottlieb said. "In that way, it did enormous good."

Two years later, Gottlieb resigned from UCLA to enter private practice, saying he was unable to gain tenure. He believes he antagonized colleagues for emphasizing AIDS treatment over basic research, bypassing administrators to seek AIDS research funds from lawmakers, and appearing frequently in the limelight.

Gottlieb met Miss Taylor when the actress visited Hudson before his October 1985 death. With a grant from Hudson, Gottlieb and Miss Taylor helped establish the American Foundation for AIDS Research.

Gottlieb and two other doctors now face unprofessional conduct charges for unnecessarily writing about 120 prescriptions for narcotic painkillers and sleeping pills for the actress, who has a long history of addiction and back pain. A state medical board disciplinary hearing is expected next year, said William Marcus, a deputy state attorney general.

"I did nothing wrong," said Gottlieb, who refused to accept probation in a plea-bargain offer. "I prescribed medications for specific incidents of clear cut pain" and to wean Miss Taylor off drugs while urging rehabilization.

Gottlieb still teaches at UCLA several weeks each year and does some AIDS research, but mostly he treats AIDS patients.

"It is difficult," he said. "I have days when I come home and am withdrawn because of some of the sadness of the job."

-- San Francisco Sentinel

Yes! I Want to Help!

O Enclosed is my contribution of $_____ to help assure continuous publication of *PSSN.*

I DO O DO NOT O want to have my name included in a contribution acknowledgment column in an upcoming issue of *PSSN.*

O Please contact me about being a *PSSN* sponsor/co-sponsor.

Name _____

Address _____

City/State/Zip _____

Phone Number _____

*Please make your check out to Survival: PSSN. Your contribution is tax-deductible as allowed by law. Thank you!

Epidemic

Continued from page 11

435 lost to AIDS. But projections tell us that the coming decade will bring us the loss of far more than another 435 people. It's thought that over 3,000 Sacramentans could die by the turn of the century -- within the next nine years.

But somehow this killer is bringing with it a new meaning to life for many of those touched by it. They're finding that, after being diagnosed as HIV positive, they've had to take a hard look at who they are, what they stand for as a human being, what they want to accomplish over the coming years, and what's going to happen to their spirit if the disease finally wins the battle. They're discovering that the diagnosis, in addition to the fear and anger, opens up a whole new world of unconditional love and compassion. They no longer put off giving a hug or saying "I love you." And many are finding that the years after diagnosis are the most productive, creative, romantic, and exciting of their lives.

The significant others in the lives of people with AIDS -- be they partners, co-workers, or friends -- have changed the meaning of the words "community" and "family." Many gays and lesbians have blood relations who don't accept them or their lifestyle. But they have found in their friends a depth of affection and attachment many had once thought to be lost to them. Strangers are becoming the new caretakers and family. And these new loved ones too are finding a deeper meaning to life and afterlife as they've walked step by step with friend after friend along their journey.

But the next decade must bring with it a marked shift in the way AIDS care and prevention is handled. The growing amount of work to be done by city, county, private and volunteer services, whose devotion has been the model for the past decade, is already taking its toll on these caregivers, no matter how filled with love they may be. It's well past time for this country's health care system and government to recognize that this disease may be with us for decades to come, and that mainstream medicine and health care are going to have to integrate HIV treatment and prevention into their regular work.

The past decade has also brought us hope. It's brought us many medications and treatments that are keeping people with AIDS and HIV disease well longer. And this is the key. If we can add more and more years between diagnosis and the onset of an illness, if enough AIDS-knowledgeable physicians become available to treat people with the virus we will be moving forward to a future of promise.

This past decade has also taught us to love ourselves and to love one another. The caring, sharing and courage that's brought thousands of people together over the past 10 years is now taking us through the 1990s, and will surely be remembered as unprecedented. It gives new recognition to the human spirit borne from the ashes of over 110,000 Americans who died before their time.

But those who've been touched by this epidemic must deal with the reality that Americans still think of AIDS as a gay disease, or a drug addict's disease. This labeling and this bigotry has much to do with the lack of support and compassion for PWAs. It has incited hate and violence and fear, and kept out of our grasp the funding to provide outlandishly overpriced medications and care to those among us struggling with this disease. But if there's one thing we've learned for certain, it's that by holding tight together, no pen, or sword or law can extinguish the flame that now burns bright for all Americans to see. And that, as we continue to listen year after year to the noble sentiments of legislators who cloak their bigotry with law, we shall maintain the strength to tear off their cloak of hypocricy and hatred, and move forward in this war -- losing many battles, winning many battles, and know that something good happened here in the midst of all this horror.

Travel

Continued from page 13

swim in the Amazon, beware the *candiru!* This needle-thin fish of the genus *Vandellia* has sharp teeth, an appetite for blood and a penchant for taking up residence in the penises of swimmers. Ask locally about animals and plants to avoid.

Stray dogs are a common nuisance in third world countries and may have rabies. Animal rights notwithstanding, act first -- to the point of kicking out if necessary; it is usually effective. On my first day in New York after a year in several developing countries, I snarled at or booted half a dozen poodles on Fifth Avenue -- a wonder I wasn't sued!

Climate and Geography

Travel, sudden temperature change, high altitudes, exotic foods, upset schedules, and over-ambitious sightseeing programs all drain energy and can wear you out rapidly. Even if it sounds self-evident, it bears repeating to say get more rest than normal, eat well and don't push yourself. Plan your itinerary as carefully as possible. Don't attempt long hauls by road, bus or train; allow ample time to get from A to B without overtaxing yourself. Bad roads, mountains, forests and other geographical barriers can add many hours to a journey that might look simple on a map.

Try not to arrive anywhere truly outlandish on Friday evening -- if you feel ill during the night, it will not be easy to find a local doctor on Saturday or Sunday morning. Despite a general impression that medicine ends at the border, there are competent doctors outside the U.S.A. who may well be able to patch you up. Remember: Not every complaint is invariably HIV-related. Take enough reserve currency to return home speedily in a genuine emergency.

Consider the season of your visit and accessibility of your destination; if flash floods have washed away roads and runways, it is possible to be stranded -- anyway, even if off-season air fares are incredibly low, do you really want to see Rangoon say, in a monsoon? Keep a record of where you went, especially when traveling in the tropics; this can aid diagnosis if you do come down with something later. Before you travel, check sources such as guide books, travel agents, the embassy or consulate of the country you will be visiting, about specific local health risks. It may then be worthwhile speaking to your physician about inoculations. Important: If at all possible, travel with a companion. All this may sound tedious and excessive but doesn't usually take more than a few hours and does pay off.

Sun

Do you remember those perfect vacations of days gone by? When every year you flew off to the coast (preferably a tropical coast) and within half an hour of arrival, were slapped on a white sand beach, basting yourself with oil and cooking slowly under the sun. While HIV-negative individuals can still indulge themselves this way (although overexposure to ultra-violet rays can cause not only nasty sunburn, but skin problems and serious cancer as well), you should not. Intense sun causes physiological changes that effectively reduce the body's immunity.

Drugs and Politics

Loose drugs in a car are not a good idea; even a splendid pharmacy label from Walgreen's or the University of California may not act as a deterrent to curious inquiries at narcotics, military or police checkpoints. Put all current medications and anything you think you are likely to need in one container; something that looks like a first-aid kit is ideal, especially if it has a red cross on it. And don't forget to take a few simple remedies like Band-Aids and a bottle of antiseptic -- peroxide or betadine.

Although drugs bought at a local pharmacy may work, they are often as potent as prescriptions drugs here and may have undesirable side effects. Preferably, avoid them altogether. And certainly avoid all recreational drugs. President Bush's "War on Drugs" has already had far-reaching effects on traveling through Central and South America.

Never become short-tempered or angry with police or the military; they can make your life far more unpleasant than you can make theirs. Playing the tourist always helps. You might like to experiment with other conversation pieces in the trunk as the mood takes you, but I wouldn't suggest political propaganda.

At the time of writing, the following countries restrict entry of people with HIV: Belgium, Bulgaria, China, Costa Rica, Cuba, Czechoslovakia, India, Japan, Saudi Arabia, South Africa, South Korea, Soviet Union, Thailand, and The United Arab Emirates, Iraw and Kuwait are also on the list but your guess is as good as mine what the situation out there is these days. The U.S. recently dropped its restrictions on foreign raw travelers. Frankly, I don't see how immigration officials would know your health status unless you chose to tell them (or unless they rummaged through your suitcase and discovered AZT), but I have no information relevant to entering the countries above.

Two friends who have traveled with chest catheters and portable infusion pumps, suggest the following: Ask the air crew to put bags of medication on ice (if required) for the duration of the flight; make sure that there is a refrigerator available at your destination and *double, double check* to see that you have all your necessary paraphernalia (tagaderm, heparin, syringes, etc.). Under these circumstances, short stays abroad are no major problems. Hopefully, medieval medical procedures like chest catheters are already being superseded by the advent of new, orally administered drugs such as fluconazole.

-- San Francisco Sentinel

AFFIRMATION

EACH DAY I CREATE A STRONGER, HEALTHIER ME, IN EVERY WAY.